DOCUMENT RESUME

ED 243 039 CG 017 410

AUTHOR Levinger, Ann Cotton
TITLE Family Therapy and Parent Training: An Integrative Review.
PUB DATE 11 Oct 79
NOTE 131p.; Comprehensive doctoral review paper, University of Massachusetts.
PUB TYPE Information Analyses (070) -- Viewpoints (120)

EDRS PRICE MF01/PC06 Plus Postage.
DESCRIPTORS *Behavior Modification; *Family Counseling; *Family Involvement; Family Relationship; Literature Reviews; Parent Child Relationship; Parent Counseling; *Parent Education; Systems Approach
IDENTIFIERS *Family Systems Theory; *Parent Effectiveness Training

ABSTRACT

This paper, written for counselors, psychologists, and educators, presents an integrative review of family therapy and parent training literature. Following the introduction, section 2 reviews family systems theory and family therapy; a definition of family therapy, a historical perspective, and theories of family systems, including the development of the field, are given. Structural family theory is presented dealing with the concept of the family, subsystems, boundaries, hierarchy, and goals and procedures of therapy. Research on family therapy is discussed drawing on case studies, research reviews, and empirical studies. In section 3, definitions and a historical perspective on parent training are presented, followed by an overview of anecdotal and systematic research. The research on behavioral parent training, in both group and individual formats, is reviewed. Similarly, Parent Effectiveness Training research, is reviewed, including discussion groups, parents as repondents, children and parents as respondents, and the behavior of children as measures of effectiveness. Research findings on parent training versus direct treatment for children are presented. The fourth and final section of the paper discusses the effects of applying structural family theory to parent training in the areas of living with children and Parent Effectiveness Training. A bibliography is appended. (BL)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED243039

FAMILY THERAPY AND PARENT TRAINING:

AN INTEGRATIVE REVIEW

by

Ann Cotton Levinger

Paper submitted in partial fulfillment
of the requirements
for the comprehensive doctoral examination

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION
CENTER (ERIC)

X This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

October 11, 1979

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Ann C. Levinger

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

School of Education
University of Massachusetts
Amherst, Massachusetts

CG 017 410

TABLE OF CONTENTS

Chapter		Page
I.	INTRODUCTION	1
II.	FAMILY THERAPY AND FAMILY SYSTEMS THEORY	6
	Definition	6
	History	7
	Theories of Family Systems	8
	Development of the field	8
	Structural family theory	10
	Research on Family Therapy	19
	Case studies	20
	Research reviews	21
	Empirical studies	22
III.	PARENT TRAINING	29
	Definitions	29
	Parent Education in Historical Perspective	32
	Research on Parent Training	35
	Anecdotal report	36
	Systematic research	36
	Behavioral Parent Training	41
	Reflective Parent Training	54
	Parent Training versus Direct Treatment for the Child	78
IV.	APPLYING STRUCTURAL FAMILY THEORY TO PARENT TRAINING	87
	Effects of Family Therapy and of Parent Training	87
	Living with Children	88
	Parent Effectiveness Training	103
REFERENCES		118

LIST OF TABLES

		Page
Table 1.	Contents of Living with Children (Patterson & Gullion, 1968)	43
Table 2.	Outline of Parent Training Program (Patterson, Cobb, & Ray, 1973)	44
Table 3.	Session by Session Description of Parent Effectiveness Training	56
Table 4.	Studies on Parent Effectiveness Training Using Parent Questionnaires Only	59
Table 5.	Studies on Parent Effectiveness Training Using Parent and Child Questionnaires	64
Table 6.	Studies on Parent Effectiveness Training Using Measures in Addition to Parent and Child Questionnaires	73
Table 7.	Research on the Effects of Counseling Parents versus Counseling Children	81

CHAPTER I

INTRODUCTION

Counselors, psychologists, and educators who work with troubled children are increasingly turning to therapeutic approaches that include both child and family, rather than the child alone. This paper will consider two major approaches which have been gaining wide acceptance. The first is family therapy, a therapeutic method which attempts to change interactional patterns within a family; the second is parent training, an educational process which aims to increase parents' child rearing skills. These two practices arise from different historical and theoretical backgrounds. On the surface their assumptions, goals, and techniques are dissimilar. The position of this paper, however, is that there are important similarities between them. The paper will suggest furthermore that increased attention to concepts used in family therapy will improve parent training.

Theories of the family as a system have risen out of, and have themselves further stimulated, the practice of family therapy, a therapy which involves all members of a family either directly or indirectly. This focus on the family as the appropriate unit of treatment developed as therapists encountered the frustration of working successfully with a single client, only to see therapeutic improvement disappear after the client returned to the unchanged family. Although the practice of family therapy began to emerge only in the 1950's, it now is a widely

used form of treatment.

Parent training programs, in contrast, grew out of the American parent education movement which can be traced back to the early 1800's. Already at that time, there were mothers' groups which met to discuss childrearing. Today, there are numerous pre-packaged parent training programs available. Each program has its own philosophical base, usually consonant with one or another theory of individual psychotherapy. For instance, Parent Effectiveness Training (Gordon, 1975) is based on Rogerian psychotherapy, Children the Challenge (Dreikurs & Stoltz, 1964; Zuckerman et al., 1978) is based on the teachings of Alred Adler, while Systematic Training for Effective Parenting (Dinkmeyer & McKay, 1976) combines the two. Managing Behavior (McDowell, 1974) and The Art of Parenting (Wagonseller et al., 1977) are programs based on behavioral psychology. Each of these programs focuses on the individual rather than on the total family system. Nonetheless, such programs do attempt to work with the environment of the child, to influence the parents rather than to try to change the child alone.

Concepts from family systems theory are not overtly acknowledged in any of the widely used parent training programs. Nevertheless, one may ask, to what extent are the goals of parent training and family therapy alike? To what extent do parent trainers encourage the sort of family interaction which family therapists also would foster, or, to the contrary, encourage patterns which family therapists would consider dysfunctional?

To answer such questions in a proper context, this paper will present an overview first of family therapy and second of parent training

with a review of research on these two approaches. The concluding section of this paper will bring the two together and will examine parent training programs in the light of concepts from structural family theory, the form of family systems theory defined by Salvador Minuchin and his coworkers (1974, 1978).

Personal Comment

My interest in applying family systems theory to parent training arose at a time when I was studying structural family therapy in university classes, while conducting parent training groups (Systematic Training for Effective Parenting, STEP) at a public school. Initially, I believed the two approaches to be very different and occasionally contradictory. In the parent groups, we saw only parents (usually only mothers) rather than whole families, and we used a structured format which had an educational rather than a therapeutic framework. Few of the parents who came to the parent groups reported having serious problems with their children. The group leader's role was that of a facilitator or instructor, rather than a strong authority figure. In structural family therapy, on the other hand, all members of a family usually attend the treatment sessions. In general, a family enters therapy only after a problem has become serious enough to cause the members major discomfort. Furthermore, the therapist's role is that of a powerful person who actively engages in restructuring family interaction.

In doing parent training, my expectations were relatively modest. I believed that the concerned parents who had volunteered to participate

in the program would increase their knowledge about child rearing, add to their repertoire of appropriate parental behavior, and hopefully improve their ability to communicate with their children. I did not expect major changes in their family relationships. In some cases, however, such major changes were indeed reported. When it became clear to me that a parent's participation in the training group could have a strong impact on a family, I began to think about the educational program in the light of family systems theory.

In family systems thinking, concepts relating to the degree of interpersonal distance are central. An ideal family organization is considered to be one which provides each member both enough distance to allow for autonomy and differentiation of self, and at the same time, enough closeness and involvement to foster a sense of belonging. In structural family terms, families range on a continuum from those who are overly close or "enmeshed"--where, if one person sneezes, everyone reaches for a handkerchief--to families where there is so little contact with, or sensitivity to, one another that only a major crisis will make members aware of another's needs. These latter "disengaged" families are unlikely to come voluntarily either to family therapy or to parent training programs. It is enmeshed families, therefore, with whom therapists are most likely to be working. A major goal stated in many structural family therapy case studies (Minuchin et al., 1978) is to move a family from its initially highly enmeshed structure to one in which each member is a differentiated individual with age-appropriate autonomy. This goal is not expressed directly to the family, but it guides the therapist's interventions.

It was in this area of enmeshment and disengagement where I first noticed similarity between the STEP program, the parent training program we were using, and structural family therapy. Although, as trainers, we did not mention the importance of parents differentiating themselves from their children, we gave tasks that demanded that parents do so (e.g. observing one's child to determine the goals of his or her behavior, questioning "who owns a problem," learning to speak using "I messages"). Some of the major changes in family interaction were linked to the increased distance that parents achieved in their relationships with their children.

Noting that the STEP program--like structural family therapy--worked to decrease enmeshment, encouraged me to go further in examining that program and other training programs. I wanted both to understand the underlying dynamics of specific parent programs and to develop guidelines for assessing differing approaches to parent training.

I now believe that the total family is the appropriate unit of focus for parent training programs and that increased awareness of systems thinking will improve parent training.

It is my hope that noting some similarities between family therapy and parent training will encourage parent trainers to become more sensitive to the family system and to the impact that parent training can have.

CHAPTER II

FAMILY THERAPY AND FAMILY SYSTEMS THEORY

Definition

Family therapy is a form of treatment designed to bring about change in a family unit. This broad definition applies to all forms of family therapy. There is, however, no single theory of family systems nor a single specific definition of family therapy which all family therapists would endorse (Palazzoli et al., 1974). Instead, there is wide variation both in orientation and in techniques. In a report on family therapy by the Group for the Advancement of Psychiatry it is stated:

> Family therapy today is not a treatment method in the usual sense; there is no generally-agreed-upon set of procedures followed by practitioners who consider themselves family therapists. What these practitioners hold in common is the premise that psychopathology in an individual may be an expression of family pathology and the conviction that seeing a family together may offer advantages over seeing its members individually. . . . Some family therapists will interview only the whole family: others will see pairs of individuals as well as the whole group, still others typically see only an individual but with the goal of changing his family context so that he can change (GAP Report, 1970, p. 572).

What family therapists hold in common, then, is: (1) the focus on the family as a functioning unit; (2) the belief that within the family, the behavior of any single member affects, and is affected by, the behaviors of all the other members; and (3) the contention that many behaviors

which appear deviant or dysfunctional if an individual is viewed alone, have functional value for maintaining the family system and for adapting the individual within his family context.

History

Well into the 1950's Freudian psychoanalysis was the predominant influence in the field of psychotherapy (Bowen, 1975). In Freudian therapy it was contraindicated to see any members of the family other than the individual client. Doing so was believed to hinder the process of transference and thus to interfere with treatment.

Therapists, however, were puzzled by the fact that as one member of a family got better, often another got worse (Ackerman, 1972, p. 38; Burgum, 1942) and that a patient who responded well to therapy often regressed quickly on returning home to an unchanged family situation (Minuchin et al., 1978, p. 24). To some it began to seem logical to look at the patient in the family situation and as a part of the family system. Various therapists (e.g. Bowen, Ackerman, Bell) began seeing whole families, each therapist unaware that others were doing the same. In 1962, in the first issue of Family Process, Haley wrote:

> Until recently, therapists who treat whole families have not published on their methods, and their papers are still rare. . . . The secrecy about Family Therapy has two sources: those using this method have been too uncertain about their techniques and results to commit themselves to print,. . .and there has apparently been a fear of charges of heresy because the influence of family members has been considered irrelevant to the nature and cure of psychopathology in a patient. As a result, since the late 1940's one could attend psychiatric meetings and hear nothing about Family Therapy unless, in a quiet hotel room, one happened to confess that he treated

> whole families. Then another therapist would put down his drink and reveal that he too had attempted this type of therapy. These furtive conversations ultimately led to an underground movement of therapists devoted to this most challenging of all types of psychotherapy and this movement is now appearing on the surface (p. 69).

It should be noted that the practice of family therapy and theory about "family systems" developed in an era when concepts of interdependence and the impact of the environment were in ascendance. In a recent New Yorker article, Salvador Minuchin points out the influence of the era on the development of therapy. He says:

> Psychoanalysis is a nineteenth century concept. It's a product of the romantic idea of the hero and his struggle against society; it is about man out of context. Today we are in a historical period in which we cannot conceive of non-related things. Ecology, ethology, cybernetics, systems, structural family therapy are just different manifestations of a concern for the relatedness of our resources. Family therapy will take over psychiatry in one or two decades, because it is about man in context. It is a therapy that belongs to our century, while individual therapy belongs to the nineteenth century. This is not a pejorative. It is simply that things evolve and change, and during any historical period certain ways of looking at and responding to life begin to crop up everywhere. Family therapy is to psychiatry what Pinter is to theatre and ecology is to natural science (Malcolm, 1978, p. 76).

Theories of Family Systems

Development of the Field

In writing about the development of family therapy, Haley (1969) recalls that in the beginning, family members were occasionally brought into therapy sessions primarily to provide additional information for individual treatment. However, as therapists watched the family

functioning together, they began to believe that the presenting symptom of the origional client could be seen as an expression of a family system instead of individual psychopathology (p. 150). Thus, the goal of therapy shifted "from trying to change an individual patient's perception, affect, or behavior to an attempt to change the sequences of behavior within a group of intimates" (pp. 150-151).

Haley writes further that:

> These new ways of thinking were difficult to conceptualize in a theoretical framework. Actually observing families and trying to change them produced information which had never been gathered before. Rather than family therapy and research developing because of a theory, it appears that people were struggling to find a theory to fit their practices (1969, p. 151).

The term "family systems theory" is now widely used, but it is defined in a variety of ways. Bowen says that within the past decade this term "has become popularized and overused to the point of being meaningless" (1976, p. 62). At its most inclusive, the term "family systems" is used to mean viewing the family as the unit of observation and focusing on interactional patterns rather than on the functioning of one individual. One more specific formulation of family systems theory is Minuchin's structural family theory (Minuchin, 1974). There are, in addition, a number of other therapeutic approaches which focus on the family as a system. Prominent among these are Bowen's family systems theory (1976), the growth model of Satir (1964), psychodynamic family therapy (Framo, 1962), and strategic family therapy (Watzlawick et al., 1974; Haley, 1976; Palazzoli et al., 1974). Each of these formulations present concepts which are applicable to parent training.

However to limit the task of applying family theory to parent training and to make this process as clear as possible, it was decided to employ only one form of therapy as a guide.

Structural family therapy was chosen because Minuchin and his colleagues (1974, 1978) have spelled out their conception of the family system clearly and in detail, and because they work primarily with families who have a child as the initial focal problem. Thus their clients are similar, at least in age, to those taking part in parent training programs. For these two reasons, Minuchin's structural family theory and therapy will be the focus of this section and later will be used in assessing parent training programs.

Structural Family Theory

Concept of the Family

Minuchin defines the family as "an open system in transformation: that is it constantly receives and sends inputs to and from the extra-familial, and it adapts to the different demands of the developmental stages it faces" (1974, p. 50). The job of the family is to provide its members with a sense of belonging and of autonomy. The conflict between these two requirements creates a dynamic tension in which a family operates. Successful maneuvering requires a balance between flexibility and resistance to change. Resistance to change allows for continuity and a sense of belonging. Flexibility enables a family to adjust to changing situations and allows family members freedom for new behaviors and transactional patterns when old ones become inappropriate. All families will encounter multiple stresses. Minuchin warns that the

idealized image of a "normal" family as problem-free is a dangerous myth for a therapist to hold. He says: "A normal family cannot be distinguished from an abnormal family by the absence of problems, [therefore] a therapist must have a conceptual schema of family functioning to help him analyze a family" (1974, p. 51). The following brief summary of such a conceptual schema is based primarily on the books Families and Family Therapy, by Minuchin (1974), and Psychosomatic Families, by Minuchin, Rosman, and Baker (1978).

Family Structure

Subsystems. The family system is made up of multiple subsystems. Most notable among these are the spouse subsystem, the parental subsystem, and the sibling subsystems. The independent functioning of each subsystem is important.

The spouse subsystem provides its members adult contact and emotional support. Within this subsystem companionship and sexual needs can be met. The spouse subsystem should function without interference from children. Husband and wife should be able to resolve conflicts between themselves without involving a child, and should be able to have private times for themselves.

The parental subsystem has as its job providing guidance and nurturance. Minuchin believes that the membership of a subsystem is less important than is clearly defining its boundaries. A grandparent or a parental child may function well in the parental subsystem if their parental role is clear, but will be ineffective or put in untenable situations if there is confusion about their position in this subsystem.

In two-parent families the spouse and parental subsystems will have the same membership; however, these subsystems should function differently. In some families, spouse functions are buried under parental functions and all spouse interaction is detoured through parental interaction. In these cases the spouse system tasks cannot be adequately carried out.

Within the sibling subsystem a child learns how to deal with peers; how to negotiate, cooperate, and compete. Bank and Kahn state that:

> Siblings turn to each other for protection when the parents are disorganized. Siblings can, and do, form cohesive defense groups when one is attacked by an outsider. Siblings can act as socializers for each other, interpreters of the outside world for each other (1975, pp. 317-318).

In large families there may be several sibling subsystems based on age, sex, or interests. The sibling subsystem should function without undue interference from adults. For instance, children should be able to resolve their own arguments or share confidences without parental involvement.

Other subsystems may be formed on the basis of mutual interests, age, or sex. There may be any number of subsystems within a family. Characteristic of well-functioning subsystems is that they are flexible and are openly acknowledged.

Boundaries. The concept of boundaries is central in structural family therapy. Boundaries are family rules which set interpersonal distance and define who participates, in what ways, within subsystems. Boundaries function both to mark the familial from the extra-familial and to protect differentiation within the family system.

Around the family and within the family, boundaries may vary from rigid (allowing little contact) to diffuse (providing little barrier against interference). Between these extremes is the ideal, clear boundaries, which provide freedom for a system or subsystem to function with minimal interference, but which allow access. More specifically, external boundaries should be clear and firm enough to keep a family intact, but not so rigid as to severely limit the family's contact with the outside world. Likewise, internal boundaries should be firm enough to allow subsystems and individuals to function autonomously but without being cut off from others.

Systems with rigid internal boundaries between subsystems or single members are defined as disengaged. Members in these systems may have relatively great autonomy, but feel little sense of belonging. There is little empathy between family members, and it is difficult to mobilize support for one another in time of need.

Systems with very weak or diffuse internal boundaries are defined as enmeshed. In these systems a sense of belonging is high, but there is little opportunity for autonomy or differentiation of self (two terms which appear to be used interchangeably by Minuchin).

The diffuse boundaries of the enmeshed system allow the stress experienced by any one member to spread rapidly through the system, while the rigid boundaries of the disengaged system keep the stress of one member out of the awareness of others. Minuchin writes: "The enmeshed family responds to any variation from the accustomed with excessive speed and intensity. The disengaged family tends not to respond when a response is necessary" (1974, p. 55).

Inappropriate boundaries may result in what is known as "rigid triads", in which one subsystem chronically uses a nonmember to diffuse subsystem conflicts. This is most commonly noted in the rigid utilization of one child in spouse conflict.[1] Three types of rigid triads are: triangulation, detouring, and cross-generational coalitions.

Triangulation is a pattern in which each parent demands that the child ally with him or her against the other parent. Any movement the child makes toward one parent is seen as an attack against the other. Detouring is the negotiation of marital stress through the child. Focusing on problems with the child permits the husband and wife to submerge their spouse subsystem problems in those of the parental subsystem allowing them to see their marital relationship as harmonious. A cross-generational coalition is a rigid alliance of a child with one parent against the other. In each of these forms of rigid triads, the boundary between the parental subsystem and a child has become diffuse and the boundary around the parent-child triad, which should be diffuse has become inappropriately rigid. (For more detail, see Minuchin, 1974, p. 102).

Hierarchy. Along with the importance of clear boundaries and well functioning subsystems, Minuchin sees the need for a clear hierarchy within the family. He feels that to have a well-functioning family it is necessary to have parents, not children, in control. He says,

---

[1]In the present culture in the United States, the spouse subsystem is seen as primary, therefore, the concept of rigid triangles is generally applied to the role of the child in dysfunctional spouse subsystems. If the sibling subsystem were considered equally crucial, there would be more focus on the ways a parent is used in chronic conflicts of that subsystem.

"Human social systems and life itself are organized hierarchically. It makes sense for the child to learn how to negotiate and to accommodate in hierarchical situations in the family" (Minuchin et al., 1978, p. 100). Elsewhere Minuchin states: "Effective functioning requires that parents and children accept the fact that the differentiated use of authority is a necessary ingredient for the parental subsystem. This becomes a social training lab for the children, who need to know how to negotiate in situations of unequal power" (1974, p. 58). He believes that parents who are able to execute their parental functions effectively are most able to allow their children age-appropriate autonomy and responsibility. It is parents who are unsure of their power who are overly restrictive or overly permissive.

Flexibility. The phrase "age-appropriate" is important in Minuchin's thinking. Families must be able to change as the family members reach different stages of development. Family patterns which function well when children are small will need to change when the children become adolescents. If there is enough flexibility in the transactional patterns, such transitions can be made with minimal discomfort. If the family patterns are rigid, families will have difficulty making the adaptive changes required in moving from one stage to the next. Because the family is a "system in transformation," its degree of flexibility is continually tested.

Goals in Structural Family Therapy

What do therapists who accept Minuchin's structural view of the family attempt to do? Aponte and Hoffman write that, "Instead of

'diagnosing' an 'illness' in one family member and attempting to 'cure' it, he (sic) [the structural family therapist] sees his job as one of discerning the 'structure' of the family--its recurrent, systemic patterns of interaction--and finding out how the symptom relates to that structure. His business is then to shift the structure about in such a way that the symptom, which is presumably keeping it together, will not be needed" (1973, p. 3). Specific ways in which this might be accomplished are suggested below.

1. A structural family therapist would support each family member's attempts at establishing autonomy with responsibility. The therapist would emphasize the right of each individual to have and defend his or her own psychological (and, when appropriate, physical) space.

2. The therapist would help the family develop clear, but not rigid boundaries between subsystems and between the family and outside. (With enmeshed families the therapeutic aim is to strengthen boundaries. In contrast, with disengaged families, the aim is to make boundaries more permeable.)

3. The therapist would try to improve the functioning of each of the family subsystems, with particular emphasis on the spouse subsystem. Structural family therapists believe that if the husband and wife are able to meet each other's needs, they will be better able to function in their parental roles and more able to allow children to become independent.

4. The therapist would encourage parents to assume executive power in the family.

5. The therapist would attempt to strengthen the sibling subsystem,

encouraging siblings to communicate more effectively with each other and to support one another (Bank & Kahn, 1975).

6. As a corollary to improved subsystem functioning, the therapist would aim to minimize rigid cross-generational alliances.

7. Recognizing that many family conflicts center about what the rules are and who determines the rules (Haley, 1963), the therapist would help make family rules more explicit so they can be dealt with directly (Olson, 1970, p. 519).

In these ways a therapist would introduce new patterns of interacting, aiming to modify a family system by the introduction of greater complexity to family organization and thus a wider repertoire for each family member.

Procedures in Structural Family Therapy

Minuchin writes in detail about specific steps in structural family therapy (1974, pp. 123-157). His procedures are grouped in three categories: joining, diagnosing, and restructuring. These three types of operations are interrelated and are used continuously throughout the therapy.

Joining is the process through which the therapist and the family become members of a therapeutic unit. In joining the family system, "the therapist must accept the family organization and style and blend with them. He must experience the family's transactional patterns and the strength of these patterns" (p. 123).

Diagnosis is the procedure through which therapeutic plans are made. The family therapist notes transactional patterns and boundaries and

makes hypotheses about which patterns are functional and which are dysfunctional. Minuchin says, "In family therapy, a diagnosis is the working hypothesis that the therapist evolves from his experiences and observations upon joining the family" (p. 129).

As part of diagnosis, the therapist will assess the flexibility of the family structure. A family is continually subject to pressure from developmental changes in its own members and from demands outside the family. For effective functioning a family must be able to respond flexibly. If, under pressure, a family responds by increasing the rigidity of their transactional patterns and boundaries and avoids or resists exploration of alternatives, the family will be unable to cope with the stress.

When a family enters therapy with a focus on one member's difficulty with an outside stress, the therapist will attempt to determine whether or not the family has made adaptive changes to support the stressed member. If they have, the therapist may focus on the interaction of stressed member with the stressing agent. If, on the other hand, the family has not been able to make adaptive changes, the therapist's main focus will be on the family.

Restructuring techniques are moves by the therapist that require the family to change. Restructuring challenges the present family organization and opens up alternative patterns of interacting and of experiencing reality.

Crucial in the therapeutic process is changing the family members' experience of reality. For example, in therapy with anorectic families, Minuchin often sets up a situation which forces a family to change

their view of the patient from that of a helpless invalid to that of a rebellious adolescent engaging in a voluntary expression of disagreement. "The anorectic patient, who has expressed her own sense of powerlessness, is also challenged by the reframing of her symptoms as acts of power and manipulation" (1978, p. 97).

Minuchin et al. state that reframing serves to spark change through offering "the experience of alternative transactions that seem more hopeful" (p. 97). Underlying all the techniques used in structural therapy is the emphasis on strength and competence. The structural therapist does not focus on weakness or on pathology but instead seeks to reinforce and strengthen positive attributes of the system and its individual members.

Research on Family Therapy

It is the aim of this paper to apply concepts from structural family theory to parent training programs. To justify such an application, it would be helpful to have clear empirical support for the assumption that structural family therapy is effective, and that changes in family interaction patterns can indeed allow whole families and their members to function more effectively. In fact, the studies which exist to date do not furnish definitive support. There are, however, case reports (e.g., Minuchin, 1974), research studies without matched controls (Minuchin, 1967) and an occasional well-controlled study (Wellish et al., 1976) which do indicate that structural family therapy is effective.

It is not surprising that there is yet little conclusive outcome research on structural therapy. Family therapy is a new discipline. In the beginning of its development it has been important for therapists simply to share what they are doing, to describe procedures (Erickson & Hogan, 1972) and to present case material for other therapists to consider (Papp, 1977).

Case Studies

Case studies are valuable training aids--illustrating both the theory and method of the therapist. Often verbatum transcripts from therapy sessions are presented, thus offering the reader a direct view of interactions. Not only do case studies serve to teach about the therapeutic theory and method, but they can also lend support for its effectiveness. For example, a case by Aponte and Hoffman (1973) reports the successful outcome of treatment of an anorectic girl and shows the therapeutic process through which the family was led to change its rules about space, privacy and autonomy.

There are other reasons why case studies have been preferred to empirical work. Traditionally among therapists there have been "doubts about the propriety of any deliberate mixing of research into therapy." This factor is cited by Weakland in his call for family therapy research (1962, p. 63). Further, even for those committed to empiricism, research on the outcome of therapy presents many difficulties. Malouf and Alexander address these issues, saying:

> With a large number of mental health facilities having adopted family therapy as a major treatment modality, it is of great importance to devote attention to evaluating adequately

> the effectiveness of these programs. Unfortunately, to this point little has been done to provide such a demonstration of effectiveness. A variety of reasons exist for this deficiency, including an occasional anti-empirical orientation among some clinicians, tremendous service pressures resulting in little time for the niceties of well-controlled research, inadequate graduate training in research methodologies relevant to the evaluation of therapy effectiveness, and inability to provide the type of controls (randomly assigned untreated Ss, reversals, and so on) necessary to determine outcome and efficiency. Equally important, however, has been the general inability of clinicians and researchers to resolve issues around dependent measures--the clinician's criteria for "cure" rarely meets the researcher's criteria of reliability, validity, and nonreactivity (1976, p. 61). (Underlining added.)

In spite of all of these difficulties, empirical work is being done.

Research Reviews

In 1970, in his "decade review", Olson wrote that "while over 250 articles were published on family therapy during the 1960's, very few could be described as research studies" (p. 523). He listed only three studies which attempted to measure the outcome of treatment (Friedman et al., 1965; Minuchin et al., 1967; Sigal et al., 1969) (pp. 524-525).

In 1972, Wells, Dilkes, and Trivelli reviewed the literature on family and marriage therapy and found a total of 18 outcome studies which met their two criteria for inclusion--(1) reporting on at least three cases, and (2) clearly specifying outcome results. However they considered only two of these studies methodologically adequate. These two studies (Langsley, Pittman, Machotka, & Flomenhaft, 1968; Langsley, Flomenhaft, & Machotka, 1969) will be discussed later. Wells et al. (1972) point out that most of the reports listed in the "inadequate" category were not designed specifically as research projects but to exemplify a particulate treatment approach (p. 196). A

primary deficit in the designs of these studies was the lack of a matched control group.

A recent review by Gurman and Kniskern (in press) gives a much more optimistic picture of the state of family therapy research. They write:

> We do not find as bleak a picture of research in the area at this time, as will become evident. By soliciting relevant reports, many of which were unpublished, from several hundred colleagues in the field and intensively pursuing numerous leads for existing but often obscure research, we have been able to locate well over 200 relevant studies, thus far exceeding the scope of previous reviews (p. 6).

Thus it appears that the amount of research on family therapy is increasing.

Empirical Studies

The studies which Wells et al. (1972) consider methodologically adequate (Langsley et al., 1968, 1969) were conducted at the Colorado Psychiatric Hospital. This research project involved 300 patients for whom psychiatric hospitalization was recommended. One-hundred-fifty of these were randomly assigned to the experimental condition which provided outpatient family crisis therapy. A matched sample of 150 were assigned to the control condition which provided hospitalization and individual therapy. All 150 cases in the experimental group (family therapy) were treated initially without admission to the hospital, while control cases spent an average of 22 days in their initial hospitalization (Langsley et al., 1968). Twenty-nine percent of the controls were readmitted within six months while only 13 percent of the experimental group were hospitalized during the same period (Wells et al., 1972, p.

200).

Wells et al. point out that even though this research did have a control group, it was not an untreated control. Langsley et al. (1968, 1969) were interested in comparing the effectiveness of two types of treatment, not in comparing treatment to spontaneous improvement. Therefore, witholding treatment, which would be unethical medically, also seems unnecessary for research design.

A more serious criticism of the research is that the independent variables are too complex. Langsley et al. are not simply comparing family therapy to individual therapy or hospitalization to outpatient treatment, but rather, outpatient family therapy to inpatient individual therapy. Wells et al. say:

> The independent variable--the application of short-term, crisis-oriented family treatment--is an extremely complex variable. Whether the outcome measurements relate to the short-term nature of the treatment, the crisis orientation, or the family therapy methods, cannot be distinguished in a non-factorial design (1972, p. 201).

Because of this confounding of independent variables, Gurman and Kniskern (in press), as opposed to Wells et al. (1972), consider this study methodologically inadequate.

Two doctoral dissertations (Ro-Trock, 1976; Wellish, 1976) have been based on the findings of a more modest, but methodologically better, study done at the Texas Research Institute of Mental Sciences. In this study the subjects were 28 hospitalized adolescents and their families. Half of these were randomly assigned to the experimental condition receiving ten sessions of family therapy, while the other half were

assigned to the control condition receiving ten sessions of individual therapy.

At the three-month follow-up time, 43 percent of the individually treated adolescents had been rehospitalized, but none of the adolescents in family treatment had been (Wellish et al., 1976). Not only did those in the experimental group show a significantly lower rate of rehospitalization, but in addition, they returned to functioning twice as fast as those in the control group.

Gurman and Kniskern say, "These results suggest that the questionable Langsley et al. (1968, 1969) findings may have reflected the benefits of family therapy over other approaches rather than the superiority of non-hospitalization to hospitalization" (in press, p. 33).

The Wellish et al. research also attempted to measure changes in family interaction using subjects' reports and behavioral observation. Both Wellish and Ro-Trock appear disappointed that few of their ten hypotheses concerning changes in the family were confirmed. However, they did report that adolescents in family therapy perceived their communication with their parents significantly improved as compared to adolescents in individual treatment. In addition, mothers in the family therapy condition felt more understood by their husbands, while control group mothers showed no such change.

These findings seem important, nonetheless, Ro-Trock writes:

> The extent and magnitude of changes in the families that are reflected in these measures are very small in relation to the magnitude of the differences in community adaptation of the two groups of adolescents. If indeed the differences in community adaptation were due to differential changes in family structure, these changes may have been more subtle or

> complex than could have been detected by the measures used (1976, p. 5523-B).

In the same vein Wellish says:

> The study indicated. . .that community adaptation and a reduction of hospital recidivism can be greatly enhanced by use of family therapy with inpatient adolescents. The study also indicated that the internal processes within the family system leading to these desirable outcomes are not clearly defined and require extensive future work (1976, p. 3635).

Structural family therapists do believe that it is the changes within the family which affect more easily measured criteria such as hospital recidivism. Minuchin et al. (1967) have developed a standardized situation, the Wiltwyck Family Task, which allows researchers to observe different families interacting on the same task.

Minuchin et al. have used this task to compare interactional patterns of families with and without delinquent children (1967), families before and after family therapy (1967), and families with psychosomatically ill children and those with physically ill children or healthy children (1978). Analyzing the types of interactions used by these different families has been instrumental in refining Minuchin's concepts of functional and dysfunctional family patterns. While it is of interest to see changes in interaction within the family, Minuchin has wanted to find more convincing evidence that family therapy is effective. He has said:

> I want it to be demonstrated that what we do is useful not because we believe it is useful but because a followup of patients has shown it to be useful. My interest in psychosomatics is partly based on the fact that in psychosomatics we

> have an area where evaluation of results is no longer so soft (Malcolm, 1978, p. 78).

In working with a family having a psychosomatic member, the therapist designs interventions to change the family structure. The criterion for success, however, is medical improvement for the identified patient.

Minuchin has worked with diabetics whose condition could not be brought under medical control (Baker, Minuchin, & Rosman, 1974), with anoretics (Minuchin et al., 1978), and with asthmatics (Liebman, Minuchin, & Baker, 1976). With each illness, it was possible to show a connection between family structure and the somatic problem. Often there were dramatic responses to specific interventions. In their study of anoretics, Minuchin et al. (1978) report that anorectic symptomatology disappears two to eight weeks after the beginning of treatment. Defining "cure" as "recovered from both the anorexia and its psychosocial components" at the time of the most recent follow-up (one and a half to seven years after the termination of treatment), they report a success rate of 86 percent (p. 133). It is difficult to compare these results exactly to those of the other studies reported because criteria for cure vary somewhat. Nevertheless, the 86 percent success rate is considerably greater than most other studies report, and the length and intensity of treatment is significantly less. Also significant is the fact that although anorexia nervosa is potentially fatal, there were no deaths among the 53 cases in the Minuchin et al. study. (In other studies fatality rates for anorexia "approaching ten percent have been reported" (1978, p. 127).)

In their review of family therapy outcome studies Gurman and

Kniskern write:

> Clearly the most impressive results among all the foregoing studies have emerged from the Philadelphia Child Guidance Clinic group [Minuchin et al.], who have reported the outcomes of a clearly delineated, highly teachable system of "Structural Family Therapy" with anorexics, asthmatics, diabetics (p. 22).

Gurman and Kniskern do note the lack of control groups in these studies. Nevertheless they state:

> The seriousness, even life-threatening nature, of the psychosomatic disorders studied in the uncontrolled investigations and the use of highly objective change measures (e.g. weight gain, blood sugar levels, respiratory functioning) constitute, to us, compelling evidence of major clinical changes in conditions universally acknowledged to have extremely poor prognoses untreated or treated by standard medical regimens. Even more strikingly, the improvements noted at termination have endured at several months to several years' follow-up, despite the fact that many of these patients had failed to respond to other earlier treatments (pp. 22-23).

Goldstein (1979) in his review of Psychosomatic Families (Minuchin et al., 1978) is more critical of the findings. He agrees that the results reported in this book are "better than those reported for any other treatment method" (p. 525). However, Goldstein points out that because family therapy was only one part of a treatment that also included behavioral and individual psychotherapy and careful medical management, these data do not offer positive support for structural family therapy alone.

Outcome research as it stands today does not answer definitively just how effective family therapy is, nor does it indicate under what circumstances a specific form of treatment should be advised. Taken cumulatively, however, the literature does lend support to the claim

that structural family therapy is an effective treatment in many cases and for a wide variety of presenting problems.

CHAPTER III

PARENT TRAINING

While the practice of family therapy is relatively new, parent training or parent education is a process that has existed in some form since humans acquired the ability to communicate. Relatives and friends have been, and continue to be, the primary "parent trainers." Today, in addition there are formal educational approaches in which "experts" aim to teach "parenting" skills through the medium of pamphlets, books, magazine articles, films, radio or television programs, lectures, unstructured group discussion, and formal courses.

Definitions

Parent education has been defined simply as "the formal attempt to increase parents' awareness and facility with the skills of parenting" (Lamb & Lamb, 1978, p. 14), or as "the purposive learning activity of parents who are attempting to change their method of interaction with their children for the purpose of encouraging positive behavior[1] in their children" (Croake & Glover, 1977, p. 151). Both these definitions

---

[1]Rarely in the literature are terms such as "positive behavior" or "misbehavior" defined. Gordon (1975) does not use these terms but instead writes about "behavior acceptable to the parent" and "behavior unacceptable to the parent." Gordon's terms serve as good working definitions of "positive" and "negative behaviors" when these and similar terms are used in parent training research.

can be interpreted broadly enough to include most activities that are called parent education.

Parent Education versus Parent Training

The terms parent education and parent training are frequently used interchangeably. However, for the purpose of this paper, parent education, the more global term, will be defined as any formal process aimed at increasing a parent's knowledge about, or skill in child-rearing. Parent training, which is subsumed under parent education, will be defined as a process which has, as at least one component, teaching specific skills. (For example, one set of skills taught in behavioral training groups is observing and recording behaviors (Patterson & Gullion, 1968). A skill taught in reflective counseling groups is active listening (Gordon, 1975).)

This paper will focus on parent training, and principally on that done with groups of parents rather than with individual parents. Furthermore, it will emphasize parent groups, that have a structured format which includes group discussion and the presentation of specified content. Such groups are usually small (6 to 24 parents) and meet for a predetermined length of time (about two hours a week for 6 to 12 sessions). Currently, many popular parent training programs follow this format.

Education versus Therapy

To further refine the definition of parent training, we need to address the question, are these groups primarily educational or are they therapeutic? Brim (1959), in his definition of parent education, says,

"The distinction between education and therapy is difficult to make and this problem has beset parent education for a long time" (p. 20). His own working distinction is that "educational techniques are those directed to the conscious (and near-conscious) aspects of the individual personality, and exposure to educational programs ideally should arouse only conscious beliefs and conscious motives" (p. 20).

Lamb and Lamb (1978), who also deal with the distinction between therapy and training, say: "The goals of therapy and training are similar and overlap. . .but there is a distinction between them. . . . Therapy typically focuses on the affective domain, while education and training work with the cognitive. Therapy usually implies an existing internalized problem; training does not" (pp. 15-16).

These distinctions may raise more questions than they answer. In an area as emotionally charged as child-rearing, it is unlikely that training will arouse only "conscious beliefs and motives" as Brim suggests. Furthermore, Lamb and Lamb's statement that therapy "usually implies an internalized problem" might be questioned by therapists who focus on behavior.

The issue of education versus therapy may best be resolved by asking, education or therapy for whom?

Most parent training groups aim to avoid dealing directly with parents' emotional problems and, for this reason, stress educational rather than therapeutic aspects of the program. On the other hand, several programs are specifically set up to train parents to become therapists for their children. Tavormina (1974) says, "In recent years, there has been an increasing trend toward the use of parents as 'thera-

pists for their own children.' Either singly or in groups, parents have been taught to work on present problems as well as to prevent future behavioral problems in their children" (p. 827). The Filial Therapy program designed by the Guerneys and their co-workers (Guerney, 1969) trains parents to act as play therapists at home. Many behavior therapists (see Johnson & Katz, 1973) choose to treat even severely disturbed children by training the parents in behavioral techniques.

Parent Effectiveness Training (P.E.T.) which is billed as an educational program, preventive rather than therapeutic in nature, trains parents in non-directive counseling techniques for use with their children (Gordon, 1975).

In short, while few parent training programs are designed to provide therapy for parents, many do attempt to train parents to deal therapeutically with their children. Thus, parent training is rightly defined as an educational process for parents. On the other hand, the goal of the training may be to provide therapy for children.

Parent Education in Historical Perspective

People taking part in today's training groups, as leaders or as participants, often report that they feel involved in something very new and exciting. Indeed, the present form of programmed parent education is a current phenomenon. Brown (1976), in a report on parent training courses, says: "A case can be made for the notion that parent training, dull as it may sound, expresses the practical, yet relationship-oriented, spirit of the late 70's as eloquently as the personal

growth movement did the more rhapsodic and individualistic preoccupations of the late '60's" (p. 48). Although the parent training programs that are currently most popular are new, the popularity of parent education groups themselves is not. Parent groups have existed in the United States at least since the early 1800's. Nevertheless, at each period in the history of parent education there are statements concerning either new directions for (Shapiro, 1956, p. 154), or increased interest in (O'Dell, 1977), parent groups.

It is true that each period has had groups with a philosophic base that fit that era, and which often was, in fact, very different from the era either preceding or following it. For example, Brim reports that the teachings of the parent groups in the 1820's were based on the Calvinist view that "a child is born depraved, and that parents must force absolute obedience to break his will and to free him of his evil nature" (1959, p. 1968).

Humanistic psychology, rather than Calvinism, serves as the basis for many current parent programs (Gordon, 1975; Guerney, 1964; Ginott, 1965). While Calvinism holds that a child must be "freed of his evil nature," humanistic psychology maintains:

> There seems to be a powerful force within each individual which strives continously for complete self-realization. This force may be characterized as a drive toward maturity, independence, and self-direction (Axline, 1969, p. 10).

The advice to parents based on humanistic psychology will differ markedly from that based on Calvinism.

A parent group which was active in 1815 in Portland, Maine, is the

first one reported in the United States (Bridgman, 1930, p. 35). By 1820, there were many such groups throughout the country. These groups, called Maternal Associations, met regularly to discuss child-rearing problems (Brim, 1959). The focus of these groups was on the religious and moral improvement of the children and on techniques for "breaking the will." Group members "relied on wisdom gained in discussing their problems and also on the strength they might get from prayer and biblical texts" (Brim, 1959, p. 323).

A hundred years later, in the early 1900's, the study of child development was gaining momentum. There was an excitement about the power of scientific knowledge and a belief that there were better ways of rearing children than those prescribed by tradition. "Those holding this belief sought to teach to all parents the findings of child development research so that they could consciously and deliberately select those child-rearing practices consonant with their own aims, and proved by science to be superior to their own cultural traditions" (Brim, 1959, p. 18). Throughout the first part of the twentieth century, the emphasis of parent education was on sharing the "scientific" findings about child-rearing, and was characterized by a belief in the role of the expert.

Parent-training groups today have their philosophical roots in psychology. They tend to emphasize parent-child relationships and/or the influence of parental behavior on the behavior of children. Rather than growing out of concern for "morality," parent education today has the goal of "mental health." Parent training is seen as an effective approach in community health, both for prevention (Rie, 1971, p. 379)

and remediation (Guerney, 1964) of problems. Thus, training of parents has been suggested as one way to deal with the shortage of professional mental health workers (Tavormina, 1974, p. 827).

A comprehensive history of parent education in the United States from its beginnings through the 1950's is presented by Brim (1959) in his book, Education for Child Rearing. For our purposes it is enough to recognize that parent education groups have been a part of the American scene for over 150 years, and that, in each era, these groups have reflected the dominant concerns and influences of the times.

Research on Parent Training

Providing some sort of education for parenting is consonant with the spirit of a society that trains people for most of its jobs. Gordon (1975) says: "Millions of new mothers and fathers take on a job each year that ranks among the most difficult anyone can have. . . . Yet, how many are trained for it?" (pp. 1-2).

At the White House Conference on Child Health and Protection in 1932, it was said:

> Parent education is a manifestation of the concern which adults normally feel for the welfare of their children combined with a new faith in the value of intelligence for practical purposes. Parent education is thus directly related to child welfare, as directly and obviously as is the proper education of farmers to the welfare of crops and cattle (p. 16).

Although parent education may indeed be important, measuring its impact on child welfare is far more difficult than is measuring the effects of an agricultural training program on crop yield. The aims of

parent education are usually complex and its effects are often hard to assess.

Some aims, such as imparting specific information, can be measured directly. Indeed, many programs do have specific information to teach, and do use tests of knowledge as a measure to evaluate the program (e.g. Hirsch & Walder, 1969). Most programs, however, are aimed not only at teaching facts, but also at bringing about changes in beliefs, attitudes, and behaviors. How should one evaluate such changes? As will be seen in the following review of research on parent training, a variety of approaches have been used to assess effectiveness. Each has its own inherent limitations.

Anecdotal Report

There is a wealth of anecdotal information about successes which is available from almost anyone who has led a parent group. One hears of parents feeling more confident; of children functioning better in school; of families living more happily. Brown (1976), in her article comparing four types of parent groups, says that one thing the "programs have in common is that parents express virtually boundless enthusiasm for them. Many are thrilled almost to the point of inarticulateness. These parents respond to the question, 'How did you like it?' with a beatific smile and just four little words--'It changed my life'" (p. 48). Such enthusiasm adds spice to journalistic endeavors, but solid empirical data would be more impressive.

Systematic Research

Skeptics will ask for more systematic evidence. "Can short-term

parent training groups really be effective?" Before one can answer this question one must ask another, such as, "Effective for what purposes?" or "Effective as compared to what?" Research has been designed to answer each of these questions. For instance, it has been shown that participation in parent training groups can have an effect on parents' attitudes (Shapiro, 1956; Hereford, 1963; Gabel, 1973), on parent-child communication (Stover & Guerney, 1967; Bizer, 1978), on children's behavior in school (DeLaurier, 1975), and on children's behavior at home (Hirsh & Walder, 1969; Patterson & Reid, 1973; Walter & Gilmore, 1973).

Addressing the question, "Effective as compared to what?", are studies comparing one form of parent training to another (Johnson, 1970; Dubey, 1976; Klock, 1977), comparing parent training with no treatment at all (Lillibridge, 1971; Stearn, 1971), and comparing parent training with direct treatment for the child (Dee, 1970; Perkins, 1970).

Differences among Programs

Behavioral versus reflective. Before examining the research which has been done on parent training it is necessary to discuss some of the differences among various programs. Tavormina (1974) states that there are two basic models of parent training--one which emphasizes behavior, the other which emphasizes feelings (reflective) (p. 827). While this dichotomy does not adequately take into account the wide variety of programs which are in use, it does account for the programs on which much of the research on parent training has been done.

This paper will review the research on one type of training from each of these two models. (1) From the behavioral, research on group, as opposed to individual, training will be discussed. (2) From the reflective, research on Parent Effectiveness Training (P.E.T.) will be presented.

Research on behavioral parent training generally uses pre- and post-training observation of child behavior as the most important assessment of the effect of the program. In contrast, most research on reflective parent training employs measures of change in parental attitude or belief as primary indicators of a program's impact.

This difference in choice of criteria reflects underlying differences in philosophy between the two types of programs. In behavioral parent training, measurable behavior is seen as the appropriate focus both for intervention and for assessment of effectiveness. In reflective training, parental attitudes are seen as determining parental behavior and are assumed to be crucial variables to effect and to measure.

Prevention versus treatment. As stated above, the choice of criteria of effectiveness does reflect the beliefs of those who design the program. However, criteria of effectiveness are also determined by whether the groups are set up for treatment of present problems[2] or prevention of future ones. Parents entering "preventive" training

---

[2]"Problems" is a broad term used here intentionally to encompass the wide variety of issues dealt with in parent training, both specific behaviors (e.g. fire setting, enuresis, hitting, thumbsucking) and more general maladaptive responses (e.g. withdrawal, negativeness, school failure).

programs do not necessarily see their children as having any special problems. In contrast, parents join remedial programs because of specific, often serious, concerns about their children.[3] Criteria for success in treatment groups will of necessity include some measure of the presenting problem. In preventive groups, criteria for success may be less specific.

Although reflective parent training could be used either for prevention or for treatment, it is most commonly used preventively. Writing about Parent Effectiveness Training (P.E.T.), one of the best known reflective parent training programs, Gordon (1975) says, "It is rare to find a [P.E.T.] class in which the majority of participants are not parents of. . .children who have no behavior problems more serious than an occasional temper tantrum or an exasperating whineyness" (p. x). Research on P.E.T. and on other reflective parent groups does not usually focus on specific behavior changes, but is likely to investigate more global factors such as parents' attitude change or increases in children's self-esteem.

There are also preventive behavioral parent training groups which have been designed to provide skills training for parents of children

---

[3]In defining parent training we questioned whether it is properly considered to be education or therapy. The answer was that parent training is an educational process for parents who may learn to deal therapeutically with their children. Going a step further, one can differentiate between dealing therapeutically for prevention or for remediation of problems. Groups which aim to prevent future problems by teaching parents behavior management, reflective listening, or other techniques would commonly be considered purely educational, while groups which aim for remediation of present problems would be seen as therapeutic.

with no special problems. One example of such a program is, The Art of Parenting (Wagonseller et al., 1977), a five-session workshop complete with workbooks, film strips and audio tapes. Other behavioral study groups for parents of non-referred children have been based on a programmed text, Living with Children (Patterson & Gullion, 1968). There is, however, little research on the impact of behavioral training for parents whose aims are simply improving their parenting skills.

Research on behavioral parent training has been done principally on populations referred to hospitals or mental health clinics. For example, Patterson and his associates at the Oregon Research Institute (Patterson, Cobb, & Ray, 1973; Wiltz, 1970; Walter & Gilmore, 1973; Johnson & Christensen, 1975) have conducted a series of studies on parent training with parents of children who were referred for hyperaggressive behavior.

Although most research on reflective parent training (such as P.E.T.) deals with parents of children without identified problems, there are exceptions. In work which will be discussed later, Miles (1974) studied the effects of reflective parent training on children's inappropriate classroom behavior, and Dubey (1976) compared the effects of reflective and behavioral training for parents, on the behavior of their hyperactive children.

In all of these studies in which parent training was used as a form of treatment for children, behavioral measures were a primary criterion of effectiveness.

Parent training versus direct treatment for the child. At the beginning of this paper it was suggested that parent training and family therapy are gaining acceptance as methods of treating troubled children

and that these methods may be more effective than working with the child alone. It would, therefore, be of prime interest to examine any research that compares the effects of parent training with the effects of counseling or psychotherapy for the child only. There are a few such studies. Most of these have been conducted in school rather than clinic settings.

Before contrasting parent training with other forms of intervention, we will look at studies which attempt simply to show that parent training itself can be effective. After examining two such sets of studies, those on group behavioral training and those on P.E.T., we will look at the studies which contrast the effectiveness of parent training with the effectiveness of direct counseling for children.

Behavioral Parent Training

The first studies to be discussed here are ones on behavioral parent training groups. Behaviorists have made extensive use of parents as change agents for their children (Reisinger et al., 1976). In most of these cases, however, the therapists have worked with only one family at a time. In contrast to the rather extensive literature on work with single sets of parents (see reviews by Cone & Sloop, 1971; Johnson & Katz, 1973; Tavormina, 1974), there is relatively little research on group training for parents, and most of these combine group and individual work.

Group and Individual Sessions

One such training procedure which has been used in a series of

studies is described by Patterson, Cobb, and Ray (1973). Living with Children: New Methods for Parents and Teachers (Patterson & Gullion, 1968), the programmed text that was previously mentioned as a basis for parent study groups of a preventive nature, is also used as the text for this therapeutic group.

Using this program, Patterson, Ray, and Shaw (1968) trained the parents of five aggressive boys in behavior management. Comparisons of baseline and termination data gathered by trained observers in the home setting showed a 62 to 75 percent reduction in observed rates of deviant child behavior[4] (Patterson & Reid, 1973, p. 384).

Patterson, Cobb, and Ray (1973) conducted a training program with the parents of 13 boys who displayed "extreme forms of aggressive and acting-out behavior" (Patterson & Reid, 1973, p. 384). "An analysis of

---

[4]The behaviors of most concern to the parents, as reported at the intake interview, were "non-compliance, difficulties with siblings, temper tantrums, hyperactivity, aggression, lying, loud (sic), stealing, and inability to relate to peers" (Patterson & Reid, 1973, p. 386). Patterson and Reid recommend that investigators planning to replicate these procedures use observation data as the primary base for making decisions and accept only cases in which there were rates of "observed deviant child behavior at ≥ 0.45 responses per minute." Although observation schedules would describe "deviant behavior" precisely, the definitions are not presented in this report. They write: "a substantial number of boys referred because of 'aggressive' behavior showed little or no observable aggressive behaviors in the home or classroom. However, several were reported to steal, set fires and run away. These later behaviors elicited the label 'aggressive' from community agencies. A recent analysis by Reid (presented at the Fourth Banff International Conference on Behavior Modification) showed the current parent training procedure to be relatively ineffective for this latter group of boys" (p. 386).

Table 1

Contents of Living with Children (Patterson & Gullion, 1968)

I. How Parents and Children Learn

1. Social Learning
2. What Are Reinforcers?
3. How Can We Use Reinforcers?
4. Social and Non-Social Reinforcers
5. Children Train Parents
6. Accidental Training
7. How to Observe Your Child
8. Retraining

II. Changing Undesirable Behavior

9. The Child Who Fights Too Often
10. The "I Don't Want to" Child
11. The Overly Active, Noisy Child
12. The Dependent Child
13. The Frightened Child
14. The Withdrawn Child

III. Behavior Graphs

Table 2

Outline of Parent Training Program

(Patterson, Cobb, & Ray, 1973)

First Stage	1. Baseline in-home observations 2. Parents given Living with Children: New Methods for Parents and Teachers, Patterson and Gullion 3. After 4 or 5 days parents contacted to see if they had completed book 4. Following completion of book, first series of intervention-phase in-home observations 5. Parents tested on book
Second Stage	6. Parents trained to define, observe, and record behaviors 7. Parents practice collecting data Daily phone calls from trainers
Third Stage	8. When parents had collected enough data, they joined a parent group with 3 to 4 sets of parents meeting once a week for 10 to 12 weeks Each family allowed a total of 30 minutes of weekly group time to present data and work on the design of behavioral change programs 9. Home observations at 4 weeks, 8 weeks and at termination

This program is described in Patterson, Cobb, and Ray (1973, pp. 170-180).

baseline and termination observation data showed that nine out of the 13 families displayed improvements equal to or greater than a 30 percent reduction from baseline. The 6-12 month follow-up data showed the effects persisted or improved for eight of the nine families for whom data were available" (Patterson & Reid, 1963, p. 385). This study also included a subjective measure, parents' global perceptions of their children. This measure also showed positive changes following treatment.

Patterson and Reid (1973) used the same parent training procedure with the parents of 11 "hyperaggressive" boys. Their measures included professional observation of "targeted"[5] and "non-targeted" deviant child behavior, parents' daily reports, and parents' evaluations of improvement five to 12 months after the termination of the training program. In-home observations by trained observers were conducted (1) before the treatment began; (2) after the parents had read Living with Children, but before joining the parent group; (3) after four weeks; (4) after eight weeks; and (5) at termination. Patterson and Reid found a reduction in targeted deviant behavior for referred children after parents had merely read the textbook, and further reductions at each observation period. At termination, the rates of targeted deviant behavior had been reduced by an average of 61 per cent from baseline.

The participants in these three studies were all recruited by taking a group of consecutive referrals which met the appropriate criteria. In

---

[5]Targeted deviant behavior is the specific behavior the parents and trainers contract to modify. Non-targeted deviant behavior is behavior the trainers, and possibly, but not necessarily, the parents deem undesirable but for which no behavioral intervention has been designed.

contrast to these studies the majority of reports on training parents in behavior management are single-subject case studies (Cone & Sloop, 1971). Although single-subject studies do demonstrate that a procedure can work in at least one isolated case, they give no indication of how well the technique would work with similar cases. Applying a technique to a group of consecutive referrals is a means of addressing this issue.

The use of consecutive referrals, while a major step beyond using only single subjects, does not address the issue of spontaneous improvement. In order to know whether training parents in behavioral techniques results in more changes in children's behavior than no treatment, it is necessary to have a control group. The next three studies have made use of matched controls.

In his experimental group, Wiltz (1970) used the same training procedures employed in the above three studies. In addition, he had a matched control group which received no treatment. Wiltz describes his study as "one of the first reports in which intervention procedures for families have successfully demonstrated an effect using experimental and control groups with observational data as a basis for analysis" (p. 4787).

In this study, 12 boys and their parents served as subjects, six in the treatment group and six in the non-treatment control. Families in both groups were observed for 100 minutes during a two-week baseline period and for 40 minutes five weeks later. No further measures were taken on the control group, presumably because they then began receiving treatment. Members of the experimental group, however, were observed again nine weeks after the baseline period. An analysis of the data

shows significant changes among members of the experimental group from baseline to the five-week and nine-week measures. Comparing the experimental and control groups shows that the amount of change after five weeks was significantly greater for the treatment than for the control group.

Walter and Gilmore (1973) attempted to replicate Wiltz's study, but with an added degree of sophistication. Recognizing that the expectancy for change and the attention of high status people can be significant elements of any effective psychological treatment, they set up a placebo treatment control rather than a no-treatment control group. Members of both the experimental and the control groups met individually with the trainers twice, had daily telephone contact with them, and attended four group meetings.

The experimental group members were given the text, Living with Children (Patterson & Gullion, 1968) and were trained in behavioral principles which they discussed in group sessions. The control group members were given tape recorders and were asked to use them for presenting problems to the group for group discussion. The trainers did not attend placebo group meetings but did participate in the meetings of the experimental group. The researchers attempted to control for all variables except the presentation and application of social learning principles. It is not clear what participants in the placebo groups were learning, however Walter and Gilmore state that "expectation of success in treatment remained high in both placebo and treatment conditions" (1973, p. 361).

Observations in the home were made before the training program

began and again after four weeks of training. Walter and Gilmore report a 61 percent decrease in targeted deviant behavior for the experimental group and a slight increase in targeted deviant behavior for the control group. They write that these findings clearly demonstrate "that training parents in the use of behavior modification theory and procedures is an effective process for reducing a child's targeted deviant behavior" (p. 372).

All five of the above studies support the use of training parents in behavior modification techniques as a means of reducing undesirable behavior in their children. Wiltz's (1970) use of a second group receiving no treatment strengthened this support by controlling for the possibility of spontaneous improvement. Walter and Gilmore (1973) provided additional verification by introducing a placebo treatment to control for the possibility that factors other than the behavioral training program itself were responsible for the change.

Johnson and Christensen (1975) trained parents of 22 children referred for "active behavior problems" using a training procedure like that used in the previous studies (Patterson et al., 1973). In this study there were four measures of change: (1) the Becker (1960) Bi-Polar Adjective Checklist, providing a parental description of the treated child; (2) The Therapy Attitude Inventory, assessing parents' satisfaction with the process and outcome of treatment; (3) parental observation data; and (4) home observations by outside observers.

A high level of treatment success was indicated by the verbal report measures and the parent data on treated problems. However, the home observation data by outside observers did not demonstrate significant

change.

It is, of course, possible to suggest that these data indicate that the treatment program had no significant effects--that the parents' reports merely reflect their desire to see change or to please the researchers. Johnson and Christiansen make two other suggestions:[6] (1) The observational measures by outside observers may not be a true reflection of the change partly because many of the targeted behaviors were time-specific (occuring at bed time or before school, while the observation took place in the late afternoon) or were serious but infrequent (such as temper tantrums or destructiveness) (p. 150). With these kinds of behaviors, parental reports might be more accurate than those by professional observers whose sample of behavior is more limited. (2) Changes in parents' attitudes about their children's behavior are very important. In fact, Johnson and Christensen suggest that in some cases parental attitude is more in need of change than is child behavior. Clarkson (1978) in discussing similar findings recognizes that researchers "may be measuring changes in parents' perception of their children's behavior rather than actual behavioral changes themselves" (p. 124). He argues, however, that if parent-child relationships are improved the

---

[6]Christensen is currently conducting a study which takes both of these suggestions into account. (1) Observation data are obtained through audio recording automatically activated on a schedule which is not known by the family. Data are thus collected throughout the day in an unobtrusive manner. (2) Behaviors targeted for change in behavioral parent training are typically child-noncompliance to parental demand. In this study, however, one component of the training is examining and, when appropriate, modifying parental expectations for their children (Christensen, A., personal communication, August 1979).

benefits are the same regardless of whether parental reports reflect actual change or perceived change.

A study by Lobitz and Johnson (1975) which compares 27 referred families (including most of the sample from the Johnson and Christensen (1975) study) with 27 non-referred families supports the belief that parental attitude toward the child is a crucial variable. In this study, they found that the Becker (1960) Adjective Checklist, on which parents described their child, was the only instrument which differentiated accurately between the referred and non-referred families. Deviant behavior by the child, as recorded in observation sessions, was not an accurate discriminator. The percent of deviant child behavior was significantly higher for the referred than for the non-referred group, but there was enough overlap in distribution to make this a poor measure for differentiating between groups. Johnson and Christensen (1975) say, "These data suggest that a change in parental perception of the referred child would be the most universally important criterion for the kinds of children referred to this project" (p. 149).

Johnson and Christensen (1975) urge that research on the effects of parent training should use multiple criteria: behavioral observations by objective observers, parent reports on specific child behaviors, parents' attitudes about the child and about their own child-rearing competence. All of these measures are important for assessing the changes which may have occurred.

All of the above studies deal with parents who had brought their child to a clinic. These parents were actively seeking help. Is it possible to use parent training with reluctant parents?

Goodman (1975) reports on behavioral parent training for parents of children placed in a residential treatment center by the courts. The parents in this study showed little initial interest in getting help for themselves or their children. On the contrary, they tended to feel totally discouraged and helpless or hostile in the face of their children's repeated serious problems. A major task of the therapists was to encourage the parents and to win their cooperation. For example, from the beginning, parents were reinforced by the therapists for discussing behaviors they desired in their child, but were ignored when they talked about disliked behaviors or expressed hopelessness or dissatisfaction with efforts to help the child (p. 42). Therapists worked with each child's parents alone, rather than in a group, until the parents began to feel at least somewhat optimistic and to show an ability to respond positively to their child. At that point, the parents began the group treatment phase of the program. Simultaneously therapists were working with the child to develop some measurable positive behavior. Within the group, parents learned the following procedures:

(a) identification of behaviors (positive and negative)
(b) observation and recording of behavior
(c) reinforcement
(d) control of antecedents
(e) ignoring negative behaviors
(f) punishing negative behaviors (p. 44).

Carefully controlled contingencies for both parents and children were used to help establish new patterns of behavior for both.

Goodman's study is an example of an excellent combination of work with children and parents, at home and in the institution. Of the 28

mothers and fathers whom the program tried to involve, 24 participated until their child was either furloughed or discharged. Equally impressive, the 15 children whose parents were in the program received their discharge from the institution an average of three months before the children in the control group.

Group Sessions Only

All of the above studies combine both group and individual training. There are, in addition, studies that use group intervention alone. A study by Dubey (1976) and one by Schofield (1976) each of which compares a behavioral program with a reflective program (P.E.T.) will be covered later. Two other studies on group training which will be discussed here are those by Shaefer, Palkes, and Stewart (1974) and by Hirsch and Walder (1969). Schaefer et al. (1974) used group counseling and discussion for training parents to use behavior management skills with their hyperactive children. They report that, after a 10-week series of meetings, "most parents felt that their hyperactive children were more obedient, listened more to instructions, aggravated them less, were more prompt in following routines, and made fewer demands for attention. The parents described themselves as more confident in handling their children, more tolerant, and better able to communicate with each other and their children" (p. 93). Unfortunately, in this study there was no direct measure of either the children's or the parents' behavior, nor was there a control group. Thus the significance of these findings is questionable.

Hirsch and Walder (1969) conducted a study with 30 mothers[7] of

children diagnosed as "severely disturbed." Half of these mothers were assigned to a "No-wait" condition and began treatment immediately, either in a small (n = 5) or in a larger (n = 10) group. The other mothers, in the "Wait" condition, served as control groups and began treatment only after the first two groups had finished.

Some of the variables measured by this study were: (1) mothers' knowledge of behavior modification principles, (2) frequency of the child's deviant behavior, as scored by the mothers via a daily record keeping procedure, and (3) the mothers' more global ratings of their child's behavior.

The most significant improvement was shown in the mother's knowledge of behavioral principles and their ability to state how to apply them. Mothers' daily records of deviant child behavior in the home showed significant improvement from before to after treatment. Two scales, the Present vs. Ideal Rating and the Behavior and Achievement Rating, showed improvement in both the treatment and control group. Hirsch and Walder suggest that "on these scales which are ratings of the level of child behavior, the mothers wished to see improvement and checked the items accordingly. This suggests that subjective rating scales might not be valid measures for outcome research" (p. 562).

This caution would also apply to responses on the post-treatment parent questionnaire. Every single one of the mothers stated that her own behavior in the home environment had changed, and 96 percent said

---

[7]All except three of these mothers were living with their husbands, but fathers were not directly involved in this behavior management program.

that her child's behavior had improved.

Hirsch and Walder state that the most glaring deficiency in their design was the lack of any independent observation to determine if the mothers and children showed any real changes in behavior in the home (1969, p. 562). They also note that home observation is a very expensive procedure when as many as 30 subjects are treated.

Hirsch and Walder (1969) express regret that they have no observational measures, and Walter and Gilmore (1973) discuss the unreliability of parents' global reports. Johnson and Christensen (1975), on the other hand, point out the limitations of using only behavioral measures. These researchers agree that multiple criteria of effectiveness are needed in studying parent training.

Reflective Parent Training

While research on behavioral parent training has emphasized changes in child behavior, research on reflective parent training emphasizes parent attitudes toward childrearing. Written questionnaires for the parents and in some cases for the children as well, are the instruments most used for evaluating the effectiveness of reflective parent training.

In reviewing the research on reflective parent training this paper will concentrate on studies done on Parent Effectiveness Training (P.E.T.). P.E.T. is one of the best known of the reflective counseling parent training programs. Thomas Gordon, a clinical psychologist, began developing this course in 1962 for parents of children he was seeing in therapy. He believed that parents could learn many of the skills he

used as a counselor, and that with such skills, parents could intervene long before children developed serious problems (Lillibridge, 1971, p. 4).

The P.E.T. course is based on concepts developed by Carl Rogers (1951). The specific skills which are emphasized are what Gordon (1975) calls "active listening" (the equivalent of Rogers's "reflective listening"), "problem ownership," "I messages," and "No-lose problem solving." The suggested content for each of the eight sessions of a P.E.T. course is shown in Table 3.

Research on Parent Discussion Groups

Research on the effectiveness of P.E.T. tends to be more similar in format to earlier work done on parent discussion groups than to that on behavioral parent training. Two early studies which are often referred to in the current literature are those by Shapiro (1954, 1956) and Hereford (1963).

In the Shapiro (1954) study, 25 members of a Family Health Maintenance Organization took part in a 12-session parent discussion group, while an equivalent group served as controls. Parental attitudes were measured pre- and post-group by (1) an attitude scale which was sent out to members of the H.M.O. and not ostensibly connected to the discussion groups, and (2) ratings by a nurse and a psychiatric social worker.

Significant change in child-rearing attitudes was shown for the experimental group on both of these measures. The control group showed no significant change. In addition, within the experimental group, parents who attended four or more meetings changed more than those who

Table 3

Session by Session Description of Parent Effectiveness Training

Session	Focus
I	Overview of program Ownership of problem Roadblocks to communication Methods of enlarging no-problem area Skills for satisfactory solutions for children, and behavior modification Active listening techniques
II	Skill training in active listening Sensitivity training in roadblocks to communication
III	Active listening Effective ways of confrontation "I" messages
IV	Introduce methods of conflict resolution Begin skill training in "no lose" method of conflict resolution: Arbitration
V	Concept of authority, power Introduce nonpower methods of influencing children Skill practice in active listening Practice method III, "no lose" conflict resolution
VI	Conflict resolution Active listening I messages
VII	Skill practice "no-lose" method of conflict resolution Special problems of Parent Effectiveness Training How parents can modify themselves
VIII	How the "no lose" method of conflict resolution produces periods of total acceptance of children

Adapted from Stearn, 1971, pp. 48-49.

attended fewer meetings. Thus, this study appears to show that it is possible to modify parents' child-rearing attitudes in a desired direction through parental discussion groups.

Hereford (1963) was also interested in parent attitude change. His Parental Attitude Scale (PAS) is one of the most frequently used instruments in studies on P.E.T. (see Tables 4, 5, and 6). Though both Shapiro and Hereford were interested in changing parental attitudes neither attempted to prove that parents scoring high on their measures had children who were different from those parents who scored low. Although the Hereford Parent Attitude Survey Scale is still in use, it has not been adequately validated (Lillibridge, 1971, p. 97).

Hereford (1963) did not, however, rely on change in parental attitude as his only measure of success. He also measured children's behavior by means of teacher ratings of the child's classroom adjustment, and by means of a creative sociometric measure of classmate relations.

Parents who took part in the discussion group series showed positive changes in their attitudes as measured by the Parent Attitude Survey, and in their attitudes and behavior as shown by responses to a Parent Interview. These changes were significantly greater than changes shown by parents in the control groups. Children of parents who attended the discussion groups improved in the sociometric ratings by their classmates significantly more than did the children of parents in the control groups. Significant change was not found in the teachers' ratings of the child's adjustment.

The Hereford study stands alone in the field of research on the

effects of parent groups. While most other studies are short-term projects with small numbers of participants, the Hereford study lasted four years and involved over a thousand parents and children. (Initial measurements were obtained for 1,159 parents and 1,383 children; initial and final measurements, for 903 parents and 1,087 children.) Strong cooperation from a large city school system, and financial support from two foundations made this ambitious project possible.

Research on Parent Effectiveness Training

The following studies on P.E.T. are much more modest. They are, however, based on the same assumptions as the Hereford study: (1) that an important aim of parent groups is parental attitude change, and (2) that it is this change in parental attitude that results in changes in children's behavior.

In recent years there have been a number of studies done on P.E.T. A list of such studies available in the ETI library[8] shows 15 that were completed between 1971 and 1977. One additional study (Dubey, 1976) was located through Psychological Abstracts. Of these 16 studies, all but four rely only on questionnaires to measure change. Five use only the parents as respondents, while seven use both children and parents. The instruments used in each of these studies and the principal findings are shown in Tables 4, 5, and 6. Selected studies will be discussed in further detail.

Parents as respondents. Representative of the studies using change

[8]Summary of Research on ETI Programs, January, 1978, Effectiveness Training, 531 Stevens Avenue, Solana Beach, California.

Table 4

Studies on Parent Effectiveness Training Using Parent Questionnaires Only

Author	Population	Groups	Instruments
Garcia (1971)	33 parents	parents attending P.E.T.	Hereford Parent Attitude Survey (PAS) a P.E.T. Questionnaire Survey
Findings:	P.E.T. graduates from two classes showed significant changes from before to immediately after course: greater confidence in the parental role ($p < .05$) greater mutual understanding between parent and child ($p < .01$ greater mutual trust between parent and child ($p < .001$)		
Haynes (1972)	80 suburban Boston mothers	mothers attending P.E.T. mothers attending lecture/discussion series on adolescent psychology	Hereford PAS (modified)
Findings:	Participation in P.E.T. resulted in improved parental attitudes toward childrearing ($p < .01$) P.E.T. was more effective than lecture/discussion series in changing attitudes ($p < .01$)		

Table 4 (continued)

Author	Population	Groups	Instruments
Mee (1977)	194 parents	P.E.T. group control group	Relationship Inventory Parental Acceptance Scale Parental Attitude Research Instrument

Findings: "The data supported (at the .001 level) the hypotheses that P.E.T. parents would have significantly more empathic understanding, regard, unconditionality of regard, congruence and acceptance than parents in the control groups.
The hypothesis that P.E.T. parents would become less authoritarian toward child-rearing than parents in the control groups was also supported at the .001 level" (Summary ETI Research, p. 15).

Schmitz (1975)	46 parents from two rural South Dakota communities	2 P.E.T. groups 2 matched control groups	Hereford PAS Rokeach's Dogmatism Scale, Form E

Findings: Comparing the experimental group to the no-treatment control group, there were:
(1) significant differences on the overall Parent Attitude Survey score
(2) significant differences on two of the PAS subscales (Causation and Trust)
(3) significant difference on the variables of Authoritarianism, Dogmatism, and Closed-mindedness as measured by the Dogmatism Scale
(4) on the PAS subscales of Confidence, Acceptance and Understanding no significant differences were found.

"P.E.T. program significantly changed participants' attitudes and confirmed changes reported in previous studies of non-rural populations" (Summary ETI Research, p. 10).

Table 4 (continued)

Author	Population	Groups	Instruments
Williams & Sanders (1973)	44 parents who responded to announcements of "a new school for parents"	Behavior Modification group P.E.T. group	Hereford PAS Sears Self-Concept Inventory (Larson's modification) Spielberger Anxiety Inventory

Findings: (1) Spielberger Anxiety Inventory: Both groups showed marked reduction in anxiety from pre-test measures; no significant post-test differences between the two groups.

(2) Hereford PAS: No significance between group differences on post-test measures of Confidence, Causation, Understanding or Trust. On the Acceptance scale, the P.E.T. group was significantly higher than the Behavior Modification group.

(3) Self-Concept Inventory: Both groups showed significant increases from pre-test to post-test.

"The authors conclude there to be a clear demonstrable short-term favorable effect of parent education in the mental health setting" (Summary ETI Research, p. 12).

in parental attitudes only is that of Schmitz (1975). Schmitz was interested in determining if the parental attitude changes reported in studies done on P.E.T. groups in urban areas by Garcia (1971), Lillibridge (1971), Larson (1972), and Hanley (1973) would also be found in a rural area. Schmitz did find significant changes at the .05 level in the overall scores on the Parent Attitude Survey (PAS) for P.E.T. participants as compared to the controls. This finding was also reported in the previous studies on urban populations. However, if one looks at the data on the five individual scales of the PAS (Confidence, Causation, Acceptance, Understanding, and Trust) one finds that studies using this measure have obtained somewhat differing results. For instance, Schmitz found significant differences between experimental and control groups only on the scales of Causation and Trust. In contrast, Hanley's differences did not reach significance on these scales, but did on Acceptance and Understanding. This lack of replication of significance on the subscale scores would appear trivial, in light of the significant differences reported in the overall scores, if it were not for the fact that in each study, the discussion of the results emphasizes the meaning of the scales which achieve significant differences.

Research relying solely on the verbal responses of participants as the criterion for change is subject to challenge. Participants in a program generally want to see change and want to please the leader of the program. One might, therefore, expect a change in the direction valued by the group leader on any verbal report instrument. In order to substantiate the change shown on an instrument like the PAS, some researchers have chosen to measure not only the attitudes of the parti-

cipants, but also the attitudes of the children of the participants. Will children see their parents as changed after a parent training course? Will they feel different about themselves?

Children and parents as respondents. Lillibridge (1971) used, in addition to the Parent Attitude Survey (PAS), the Children's Report of Parental Behavior Inventory, CRPBI, (Schaefer, 1965). This inventory measures children's perceptions of their parents in four areas: Acceptance of Individuation, Rejection, Acceptance, and Hostile Detachment.

The PAS and CRPBI were given to parents to be completed at home and returned by mail. This was done once at the beginning of the P.E.T. course and again after the seventh session. The control groups were tested similarly.

The parents who had taken the P.E.T. course showed statistically significant change on three of the five PAS scales: Confidence, Acceptance, and Trust. Members of the control groups showed no significant change.

The experimental group children reported significant change on three of the four variables on the CRPBI: Acceptance of Individuation, Rejection, and Acceptance. Such changes would indicate that these children perceived their parents to be more accepting of them as individuals, more empathetic, to have greater interest in them, and to enjoy being with them more, after taking the P.E.T. course than before. On the fourth scale, Hostile Detechment, change was not significant. Control group children showed no significant change on any of the four sub-scales (Lillibridge, 1971, p. 96).

Table 5

Studies on Parent Effectiveness Training Using Parent and Child Questionnaires

Author	Population	Groups	Instruments
Andelin (1975)	52 parents 35 students with "learning adjustment problems"	Experimental group: parents and children taught P.E.T. principles concurrently Control group: P.E.T. for parents only	Hereford PAS Parent Problem Check List Self-Concept Inventory-Adult Children's Reports of Parental Behavior Inventory (CRPBI) Self-Concept Inventory-Child

Findings: Experimental group parents showed greater increase in confidence in themselves as parents.
Control group children rated parents as showing greater decrease in hostile detachment than experimental group.
Control group children showed greater increase in positive work habits than Experimental group children.
"Results seem to indicate that teaching children P.E.T. principles is desirable from point of view of parents but not from that of children" (Summary ETI Research, p. 1).

Table 5 (continued)

Author	Population	Groups	Instruments
Geffen (1977)	42 single parents	P.E.T. group No training control (Parents randomly assigned to experimental or control group)	Hereford PAS CRPBI
Findings:	Attitudes of the experimental group parents were significantly improved in comparison to control group parents: (1) They felt more confident as parents (2) They believed they could influence the behavior of their children (3) They were more understanding and trusting of their children		
Lillibridge (1971)	69 parents 56 children	Experimental Group: P.E.T. Volunteer No-treatment control Random No-treatment control	Hereford PAS Schaefer CRPBI
Findings:	Parents who participated in P.E.T. improved significantly from before the course to immediately after in their overall scores on the PAS ($p < .05$). On the subscales they showed more confidence in themselves as parents ($p < .05$), more accepting of their children ($p < .05$), and more trusting of their children ($p < .10$). No significant change in understanding causation of child's problems or in understanding of child. Two control groups showed no significant changes on any of the five scales. Children of P.E.T. graduates showed significant changes in the following: perceivin their parents as more accepting of them as individuals ($p < .01$), less rejecting ($p < .01$), and more generally accepting ($p < .01$). Two control groups showed no changes.		

Table 5 (continued)

Author	Population	Groups	Instruments
Peterson (no date)	35 self-selected upper middle-class parents	Parents in P.E.T.	Parent Attitude Research Instrument Children's Report of Parent Behavior Inventory
Findings:	Significant post-P.E.T. change shown by parents on PARI. Significant post-P.E.T. change shown by children on CRPBI.		
Stearn (1970)	45 parents 84 children	1 P.E.T. group 2 no-training groups	Levinson-Hoffman Traditional Family Ideology Scale Coopersmith Self-esteem Inventory Barrett-Lennard Relationship Inventory
Findings:	Comparing measures taken pre-P.E.T. to those taken 14 weeks after starting P.E.T.: P.E.T. parents were significantly more democratic in their attitudes toward family than parents in the two no-training control groups Children of P.E.T. parents increased significantly in self-esteem. No significant differences between P.E.T. and the no-training control groups in children's ratings of their parents' empathy, congruence, acceptance and positive regard.		

Table 5 (continued)

Author	Population	Groups	Instruments
Schofield (1976)	42 parents 43 children	P.E.T. group Behavior Modification group No-training control group	Hereford Parent Attitude Survey Coopersmith Self-Esteem Inventory Kerlinger & Kaya's Educational Scale Interview

Findings: On PAS, P.E.T. parents showed significant positive changes on the attitudes subscales of acceptance and understanding.

No significant changes were found among behavior modification and control group parents on any of the subscales.

On S.E. inventories, children of parents in both experimental groups showed positive gains in self-esteem that were not significantly different at the .05 level. However, when the two experimental groups were compared with the voluntary control group, a statistically significant difference was found between the post-test scores of the P.E.T. children and the control group children. No significant differences were found between behavior modification group children and controls.

On the Educational Scale, P.E.T. parents made highly significant changes (at the .01 level) in the direction of progressive educational practices. Behavior modification and control group parents evidenced minimal changes.

Interview responses showed positive carry-over from both groups beyond the parent-child relationship into other relationship (1976, p. 2087).

A cautionary note should be added. Children were given the CRPBI by their parents at home. Lillibridge does not discuss the limitations of this procedure. However, knowing that their parents might see what they had written and that the questionnaire was related to a parent training course might affect the children's responses.

Stearn (1971) like Lillibridge (1971) used both children and parents as respondents. Although he also had parents administer the questionnaires to their children at home, he notes that this was a flaw in the research design (p. 79). Stearn was interested in measuring parental attitudes, children's self-esteem, and both children's and parents' perceptions of family relationships. All questionnaires were given to parents prior to exposure to P.E.T. and again eight and 14 weeks later. (The eight- and 14-week measures are referred to as the post and follow-up measures respectively.)

Stearn's experimental group was made up of people about to begin as members of one of three P.E.T. groups (n = 18 parents, 33 children). In addition he had two control groups that were recruited from parents who came to an elementary school PTA lecture on a "new and effective approach toward communicating with your child."

Control group parents filled out the questionnaires before the lecture. After the lecture, they were asked to indicate whether or not they would be interested in taking part in a P.E.T. group if they had the opportunity. Those parents who said they would became Control Group One (n = 13 parents, 25 children). Those who said they would not became Control Group Two (n = 14 parents, 26 children).

All parents were given the Levinson Huffman (1955) Test on Tradi-

tional Family Ideology, and the Relationship Inventory (Barrett-Lennard, 1962). Children also responded to the Relationship Inventory and to the Coopersmith Self-Esteem Inventory (1967).

Changes in scores on the Traditional Family Ideology Test were not significant for any of the groups. However, on the pre-test measures, the experimental group and Control Group One (parents who expressed interest in taking a P.E.T. class) were more democratic in their attitude toward the family than was Control Group Two. No significant differences were found among these groups at the post-test measure, but at follow-up, Control Group Two had become slightly more democratic than Control Group One, with the experimental group significantly more democratic than either.

On one of the children's measures, the Coopersmith Self-Esteem Inventory (1967), the scores for the experimental group and for Control Group One were very similar. There was no significant change from pre to post measure, but there was significant positive change from post to follow-up measure. For the children in Control Group Two there was significant gain in self-esteem from pre- to post-test measures and significant losses from post to follow-up. For this measure there were no significant differences among groups at the pre-test measure. On the post-test measure, Control Group Two was found to be significantly higher in self-esteem scores than either other group. On the other hand, at the follow-up, Group Two was significantly lower than the experimental group but not significantly different from Control Group One.

The results of this study are not easy to interpret. There are statistically significant differences among the three groups on many

measures. In general, there is greater between-group difference than there is change from one measurement period to another for any one group. These differences, however, are not consistent. The very fact that significant change occurred for both control groups on some measures reduces the confidence one can place on the causal relationship of membership in a P.E.T. group in producing change in the experimental group. (It should be noted, however, that the control groups were not actually no-treatment controls; but had, in fact, attended one lecture meeting on P.E.T. It is possible that the lecture itself introduced change into the family system.)

In retrospect, Stearn felt it might have been better to have had one random control group plus a control group selected from a P.E.T. waiting list. However, there is merit in obtaining controls as he did. All were interested in the topic of communication with children. All were motivated enough to come to a PTA meeting on the topic and to volunteer to be research participants. The difference between these two control groups was only in their expressed interest in joining a P.E.T. group. Even so, significant differences in attitudes and in direction and amount of change were reported between the two control groups and between each control group and the experimental group.

If, in fact, consistant differences exist between groups of people who express interest in taking a P.E.T. course and those who do not, or between those who have actually signed up for a course and those who have not, knowledge of the differences could guide parent trainers.

However, before making suggestions based on the findings of Stearn's study, it would be important to see them replicated. Unless they are,

it is possible to suggest that the differences shown here could be attributed to the chance fluctuations which plague research based on small samples.

Schofield (1976) was also interested in measuring the effects of parent education on children's self-esteem and on parent attitudes toward child-rearing and education. He used two experimental groups: one that participated in P.E.T. and a second that was involved in a behavior modification course. His control group was made up of parents who had volunteered to be in the parent training program but who could not attend a group at that time.

In this study, children were given the Coopersmith Self-Esteem Inventory at school, not at home. Thus Schofield controlled for the potential effects of having parents administer the test, a limitation previously discussed in relation to the Lillibridge (1971) and Stearn (1971) studies. Parents responded to the Hereford Parent Attitude Scale and to Kerlinger and Kaya's Education Scale.

Children of parents in both training programs showed positive gains in self-esteem that were not significantly different from each other. However, when the two experimental groups were compared with the control groups, it was found that post-test scores of P.E.T. children were significantly higher than those of the control group, while the behavior modification children's scores were not.

P.E.T. parents showed significant positive change in the Parent Attitude Survey ($p < .05$) subscales of Acceptance and Understanding, and highly significant changes ($p < .01$) in the direction of progressive education practices on the Education Scale. No significant changes in attitudes toward child-rearing or education were shown by the behavior

modification group or by the control group.

Note that in this study comparing behavioral and reflective groups, only attitudinal, not behavioral criteria of effectiveness were used.

Behavior of children as a measure of effectiveness. The obvious justification for parent training is that as parents acquire certain skills, they will do a better[9] job of rearing children. The best measure of the effectiveness of a training program for parents would, therefore, be some kind of improvement[9] in their children. Changes in child self-esteem, a variable chosen by Stearn (1971) and Schofield (1976) would be one such measure. Another would be changes in child behavior. While it is child behavior, almost exclusively, which is used as the criterion in evaluating behavioral parent training, child behavior is rarely used in evaluating reflective parent training. Three of the studies on P.E.T. which have used behavioral measures are those by Miles (1974), Dubey (1976), and Knight (1975).

Miles (1975) was interested in comparing the effectiveness of counseling for students with that of training for parents in changing students' attitudes and behaviors. Her study will therefore be referred to again in the discussion of research on that topic (Table 7). Because it is one of the few P.E.T. studies which uses measures of behavior, it is also relevant here. Miles's subjects were 60 students randomly selected from a list of students identified as potential dropouts and the parents of these students. (Only 62 parents participated in the study;

---

[9]"Better" and "improvement" are terms which would be operationalized according to the values of those measuring the effects of a program.

Table 6

Studies on Parent Effectiveness Training

Using Measures in Addition to Parent and Child Questionnaires

Author	Population	Groups	Instruments
Dubey	parents of 44 hyperactive children	PAT (behavior modification) group P.E.T. group no-training control	Observation of parents and children in laboratory situation Parents' ratings of child behaviors
Findings:	No differences among PAT, P.E.T., and Control group in observed child behaviors. Significant reductions in ratings by parents on hyperactivity, global severity of target problems, and amount of daily problem occurrence for both treatment groups as compared to control group. The drop-out rate for P.E.T. was 33%; for PAT 5%.		
Knight (1974)	58 enuretic children	P.E.T. group Wait-list control group	Family Bond Inventory Children's Manifest Anxiety Scale Manifest Anxiety Scale (adult) Frequency of bedwetting
Findings:	P.E.T. did not produce the expected positive changes in family interpersonal distance, personality variables, and children's enuretic behavior.		

Table 6 (continued)

Author	Population	Groups	Instruments
Larson (1972)	109 parents in 6 groups: 2 fall, 2 winter, 2 spring	3 treatment conditions: (1) P.E.T. (2) Achievement Motivation Program (A.M.P.) (3) Discussion-encounter group program (D.E.G.) Winter groups served as control group for fall, and spring group as control for fall and winter	Parent Concern Survey A Check List of Problems Self-Concept Inventory Hereford Parent Attitude Scale Final Evaluation by Parents Group Leaders Report Sears' Self-concept Scale (children) Changes in grade point average

Findings: The P.E.T. group showed the greatest overall gains, especially in confidence as parents, insight into the behavior of their children, and trust.
The P.E.T. group showed the greatest overall reduction in problems with their children.
P.E.T. graduates showed larger improvements in their own self-concept than did parents in a no-training control group.

The following findings were reported in the original Larson manuscript (available from ETI Research Library), but not in his article in The School Counselor, March, 1972.
Children of P.E.T. graduates improved in school performance from first to third quarters, as compared with control group children.
Children designated as underachievers, whose parents took P.E.T., gained a full grade point in school from the first to the third quarter.

Miles (1974) Reported in Table 7

thus in only two cases did both parents take part.) Miles measured students' classroom behavior, self-esteem, attitudes towards parents, and attitudes toward school. She found that students whose parents participated in P.E.T. showed less inappropriate behavior (as measured by teachers) and more positive attitudes toward their parents than students whose parents did not take part in P.E.T. There were no significant differences between groups on measures of self-esteem or attitudes toward school.

Dubey (1976) compared the effectiveness of a behavior modification parent group, PAT, with P.E.T. in training the parents of hyperactive children. Parents and their children were assessed just prior to, and immediately following, the nine-week training programs. Measures included observation of parents and children in laboratory situations, and parents' ratings of child behaviors.

No differences among the groups (PAT, P.E.T., and Control) were found in observed child behaviors. However, both treatment groups showed significant reductions in ratings by parents on hyperactivity, global severity of target problems, and the amount of daily problem occurence as compared to the control groups. Both treatment methods resulted in higher global improvement ratings than the control, with PAT parents rating their children as significantly more improved than P.E.T. parents rated theirs.

The results of the two experimental groups were similar except that there was a higher drop-out rate for the P.E.T. than the PAT group: 33% as contrasted to 5%. (The total sample for the three groups was small: the parents of 44 hyperactive children.)

It is worth noting that assessing the impact of drop-outs or of poor attendance on the meaning of pre-post-measures of effectiveness is a problem in all studies on parent training. Of the studies discussed here, only Hirsch and Walder (1969) report 100% attendance at group meetings for all subjects. They attribute this to a $50 deposit they agreed to refund as a reward for perfect attendance. Shapiro (1956) noted that the parents in his study who attended the fewest meetings were those who had the "least desirable" initial scores on the parent attitude scales. ("Least desirable" should be translated as "furthest from those attitudes endorsed by the parent trainer.") Further, parents with the "most desirable" attitudes improved considerably more than those with the "least desirable" ones did. Few studies, however, report on, or interpret, their rates of attendance.

Dubey (1976) uses the difference in the drop-out rate between the P.E.T. and PAT groups to determine that the PAT program is superior for the parents of hyperactive children. Since in other respects the effects of the two programs were similar, Dubey calls attention to the fact that "methods which differ in theoretical background and actual skills taught may result in similar outcomes" (p. 5828-B).

A third study which used a behavioral measure to assess the effectiveness of P.E.T. is that by Knight (1975). This study is mentioned not because of its merits, but because of issues it raises.

Knight reasoned that "through instruction in P.E.T., parents would learn new skills for communicating with their children and each other, thereby resolving conflict and strengthening relationships within the family" (p. 783-A). Because of this she expected there would be (1) a

decrease in interpersonal distances, (2) a decrease in symptomatic behavior (enuresis) of children, (3) a decrease in anxiety demonstrated by parents and their enuretic children, and (4) a more positive self concept for parents and children.

Unfortunately, all of Knight's findings on "change" are based on comparisons of the experimental group families, after completion of an eight-week P.E.T. course, with control group families who had no treatment. "It was assumed that observations of control group subjects represented pre-treatment measures of experimental subjects" (p. 783-A). Knight concludes, "P.E.T. did not produce the expected positive changes in family interpersonal distance, personality variables, and children's enuretic behavior. Whether a decrease in interpersonal distances perceived by children would be accompanied by a decrease in enuretic behavior, therefore, as hypothesized, was a question left unanswered by this study, since a reduction in these distances did not occur" (p. 783-A).

Indeed, one may question whether decreasing interpersonal distance would be the move of choice for families with enuretic children. The rationale for this study seems to spring from the assumption that for families "closer is better." Exploration of optimal intra-familial closeness would be in order. In terms of structural family therapy, this would mean finding that balance which allows for both nurturance and for autonomy.

Research on Parent Training versus Direct Treatment for the Child

Although some of the studies reviewed here are weak methodologically there is sufficient evidence accumulated to indicate that parent training can effect change. We will now turn to the research which compares the effects of parent training with the effects of counseling or psychotherapy for the child only.

For behavioral therapists the issue of therapy for children versus training for parents is not a live one. Explicit in the technology of behavior modification is the manipulation of environmental contingencies, and for children living at home, parents are crucial in contingency management (Johnson & Katz, 1973). Reisinger, Ora and Frangia (1976) write:

> Given that behaviorists view behavior as the result of environmental consequences within organic limits and given the frequency of natural environment mother-child interactions, one would expect behaviorists to involve parents as change agents. Indeed, behavior principles virtually mandate the involvement of all available support persons (e.g. parents, teachers, peers) for modifying behavior (p. 105).

Moving from involving parents in a behavior modification plan to training parents in behavioral principles is logical and is consistent with the beliefs of behavior therapists.

Therapists from other schools of psychology have been less clear in their support for training parents (Reisinger et al., 1976). Donofrio is a psychotherapist who has been outspoken about the limitations of individual psychotherapy for children (1970) and the advantages of training parents to treat their own children at home (1976). There is, how-

ever, little systematic research comparing individual therapy with parent training.

Donofrio's own study reports the results of a two-year follow-up on the treatment of 66 children referred to a community mental health clinic. (Fifteen additional families who were part of the original treatment group could not be reached by telephone or mail at the time of follow-up.) The treatment included play-interview sessions "to get the 'real feel' of the child before dealing with his significant adults" (1976, p. 177); some direct counseling for a small number of adolescents and preadolescents; educational sessions with parents; detailed reports and recommendations to school or social agencies; and telephone conferences with parents, school personnel and family physicians. In addition, 32 children were placed on medication (usually Mellaril, Ritalin or Dexadrine).

Two years after treatment parents of 57 of the 66 children reported "improvement sustained." Nine cases were reported as "not improved" (p. 178).

This treatment plan included too many components for data to pinpoint those which were responsible for "success." Further, the measure of "success," parents' reports, was highly subjective. Finally, this study had no control group that would actually allow one to compare the effects of this treatment to the effects of individual psychotherapy for the child. However, Donofrio writes:

> . . .the usual expectation of a 'control group' in studies such as this is regarded here as nonessential. There is a control group of infinite number--the traditional practice of child psychotherapy often scored now in the literature as

> time consuming, expensive, and of very questionable results (1976, p. 180).

Donofrio's convictions are clear, but his results would be more convincing if he had used a more adequate research design.

Five other studies have been done which investigate the relative effectiveness of counseling parents and counseling children. In each of these, the children had been identified as having problems. These studies contrast (1) direct treatment for the child only with (2) counseling or training for the parents only, and with (3) these two treatments in combination. These studies are summarized in Table 7.

The study by Dee (1970) is the only one of these conducted at a child guidance clinic. The others were conducted in public school settings. Dee's is also the only study which lacked a no-treatment control group.

The subjects in Dee's study were 47 children referred to the clinic for "school adjustment problems." Each was placed in one of three experimental groups which provided (1) treatment for child only, (2) for parents only, or (3) for parents and child. Dee compared pre- and post-group measures of children's reading; arithmetic, personality factors and behavior. Statistically significant post-treatment differences among groups was found only on scores of reading, with the group which involved both children and parents showing the most improvement. Dee reports that "one year after treatment a follow-up study was completed and that data supported the concept of including parents in the treatment of the child." Dee concludes: "The results indicate that including the parents actively in the treatment of the child with school

Table 7

Research on the Effects of Counseling Parents versus Counseling Children

uthor	Population	Groups	Instruments
ee (1970)	Children referred to child guidance center for school adjustment problems	1. Child only 2. Parents only 3. Parents & child Child-Centered Parent Group Counseling for parents Activity Group Therapy for children	1. WRAT--Reading 2. WRAT--Arithmetic 3. Children's Personality Questionnaire 4. Behavior Rating Scale--school 5. Behavior Rating Scale--home
Findings:	"Ratings of improvement favor Parents and Child both in treatment as showing the most improvement" (p. 1008-A).		
iles (1974)	"Potential dropouts"	1. Students in Verbal Reinforcement Group Counseling (VRGC) 2. Students in VRGC and Parents in P.E.T. 3. Parents in P.E.T.	1. Tenn. Self-Concept Scale 2. Parent Attitude Semantic Differential 3. School Attitude Semantic Differential 4. Teachers' Behavior Rating Scale
Findings:	"The results indicated that both P.E.T. and P.E.T.-VRGC were effective in reducing students' inappropriate classroom behavior and in successfully improving attitudes towards parents." "None of the treatments were differentially effective in improving students' self-esteem and attitudes toward school" (p. 7655-A).		

Table 7 (continued)

Author	Population	Groups	Instruments
Perkins & Wicas (1971)	"Bright underachievers"	1. Group counseling--boys 2. Group counseling--boys and mothers 3. Group counseling--mothers 4. No treatment controls	1. Grade point average 2. Interpersonal Check List 3. Survey of Study Habits and Attitudes 4. IPAT Anxiety Scale 5. Behavior Rating Scale
Findings:	Boys in Treatments 1, 2, 3 had significantly greater grade point averages after treatment than students in the control group. Treatment groups 1, 2, and 3 did not differ significantly among themselves. Boys in treatments 2 and 3, involving mothers, reached a significantly greater level of self-acceptance than those in 1 or 4; 2 and 3 did not differ significantly from each other (p. 275).		
McGowan (1968)	Underachievers	1. Students--group counseling 2. Students--group counseling and parents--group counseling 3. Parents--group counseling 4. No counseling	1. Essential High School Content 2. Adjustment Inventory 3. California Study Methods Inventory
Findings:	"Parental counseling was effective in improving academic achievement." "Counseling groups of underachieving students without the involvement of their parents was not effective in raising school grades." "Student counseling was an effective method of improving study skills and attitudes towards school" (p. 35).		

Table 7 (continued)

Author	Population	Groups	Instruments
Taylor & Hoedt (1974)	Children showing disruptive classroom behavior	1. Mothers: Adlerian group counseling 2. Teachers: Adlerian group counseling 3. Children: Group counseling 4. No treatment control	Devereux Elementary School Behavior Rating Scale

Findings: "Indirect intervention--changing the behavior of significant adults--was more effective in changing children's classroom behavior than was working directly with the child" (p. 7).

adjustment problems increases the effectiveness of treatment" (p. 1008-A).

McGowan (1968), Perkins and Wicas (1971), and Miles (1974) all made use of a four-group design: (1) treatment for children only, (2) treatment for children and parents, (3) treatment for parents only, (4) no treatment. In each of these studies it was found that the treatment of parents was an effective way of bringing about changes in the children's behavior.

Miles (1974) was the only one of these researchers to use P.E.T. In her study which was previously mentioned on page 72 she contrasted the effects of a P.E.T. program for parents with Verbal Reinforcement Group Counseling (VRGC) for students. She found that Group 3 in which parents participated in P.E.T. and Group 2 in which parents participated in P.E.T. and students in VRGC showed reductions in students' inappropriate classroom behavior and improvement in their attitudes toward parents. Group 1, students in VRGC, and Group 4, no treatment, showed no such changes.

Perkins and Wicas (1971) worked with boys who were "bright underachievers." They found that the boys in Groups 2 and 3, treatments involving the mothers, reached significantly greater levels of self-acceptance than did either those in the boys-only or in the no-treatment groups.

Boys in all three treatment groups increased their grade point averages significantly as compared to controls. However, it is of interest to note that "when the counselors worked only with the mothers, the effect on grade point average was just as great as when they worked

with boys alone or with a boys-and-mothers combination" (pp. 276-277).

McGowan's (1968) findings also give strong support to the effectiveness of counseling the parents of underachievers. His students-only treatment group was not significantly different from the no-treatment control group in mid-term or final grade point averages. The two treatment groups which included parents (counseling for parents only and counseling for parents and students) had significantly higher mid-term and final grade point averages than did the controls.

McGowan states that "these data indicate that parental counseling was effective in improving academic achievement," and further, that "counseling groups of underachieving students without the involvement of their parents was not effective in raising school grades" (p. 35).

The final study in this group was conducted by Taylor and Hoedt (1974). These researchers were interested not only in contrasting the effects of parent training to those of counseling children, but also wanted to examine the effects of training teachers. The children in this study were ones referred for disruptive classroom behaviors. There were four experimental groups: (1) children in group counseling, (2) mothers in an Adlerian study group, (3) teachers in an Adlerian study group, and (4) a no-treatment control group.

Taylor and Hoedt found that it was the indirect treatment groups--those involving either parents only or teachers only--that produced the most change in children's classroom behavior. They state that the major finding was "that indirect intervention--changing the behavior of significant adults--was more effective in changing children's classroom behavior than was working directly with the child" (p. 7).

The studies discussed in this paper do indicate that parent training can be effective in changing parental attitudes and child behaviors, and that training parents may be equally as effective or more effective than providing direct counseling for troubled children.

CHAPTER IV

APPLYING STRUCTURAL FAMILY THEORY TO PARENT TRAINING

Effects of Family Therapy and of Parent Training

In reading research literature of family therapy and on parent training it is of interest to note what variables have been chosen as criteria of effectiveness. What changes constitute a successful outcome in family therapy? What differences between groups show the impact of parent training? Although any consistent, statistically significant change or difference can be considered evidence of the effect of an intervention, researchers interested in family therapy or parent training generally wish to document beneficial change, or change in directions they deem desirable.

Minuchin et al. assert that successful therapy must involve structural change within the family (1978, p. 93). Such change is not only difficult to measure, but is rarely in the conscious awareness of the clients. In Section II it was noted that in order to show that their form of therapy is effective, Minuchin and his colleagues have worked with families in which one member has a somatic problem such as anorexia, or diabetes with frequent, medically inexplicable, attacks of acidosis. For these cases medical improvement can be used as a criterion for success. Minuchin et al. write about the structural changes which take place in the family (1978, p. 21) but do not use these changes as their measure of successful intervention.

Langsley, Pittman, Machotka and Flomenhaft (1968), in their attempt to document the effectiveness of family therapy also refrained from evaluating changes within the family. Instead, they used the objective index of rate and duration of hospitalization in the experimental versus the control group as their criterion of effectiveness.

Studies of the effectiveness of parent training have used a variety of measures, ranging from changes in behavior of children to changes in attitudes of parents. It is the contention of this paper that, as in the case of family therapy, one potential effect of parent training is the restructuring of family interaction.

Strategies for Change

Three of the seven strategies for change which Minuchin et al. list as essential for therapeutic work with anorectic families seem particularly applicable to parent training. These three are: challenging enmeshment, challenging rigidity, and challenging the clients' view of reality (1978, pp. 95-106). It is suggested here, that, although none of these aims is explicitly stated in the literature on parent training, they can, in fact, explain much of the change which occurs.

Not every parent training program will "challenge" family structure in each of these ways. However, in the opinion of this author, if no change takes place in family interaction patterns, or in a parent's view of the family members, the training will have no long-term effect.

Challenging enmeshment. Possibly the single most important impact a parent training program can have is to challenge enmeshment. Each of the major parent training programs in some way moves family members

toward differentiation or autonomy and away from enmeshment. In none of the programs, however, is this goal stated explicitly. In none of the research on parent training is it directly measured.

Often, especially in problem families, parents have difficulty in drawing a line between their own behaviors or emotions and those of their child. However, when a parent records a child's behavior (as is recommended in Living with Children) or tries to determine "who owns a problem" (P.E.T.), s/he is forced into seeing child and self as separate entities and to establish some distance between the two. While many parent training programs do act to reduce enmeshment it should be noted that others might serve to increase enmeshment. In one program (Aragona, Cassady, & Dragman, 1975) mothers are rewarded or fined for their overweight daughters' weight loss or gain. Such contingencies may have a positive short-term effect on a child's weight, but a negative long-term effect on mother-daughter interaction and on both the mother's and the daughter's moves towards self-differentiation.

Some training programs are specifically designed to move the parents into closer involvement with their children. A program called IMPACT (Marvelle et al., 1978) has parents give their child developmental tests and urges them to become teachers for their children.

It should be remembered that extreme enmeshment is a state at one end of a continuum and that at the opposite end is the equally dysfunctional state of extreme disengagement. A program such as IMPACT might be very beneficial for disengaged parents, moving them from disengagement towards more appropriate, nurturing interaction. In most voluntary parent programs, one encounters relatively few disengaged parents,

therefore, a trainer usually should be more concerned about the effects a program will have on parents functioning nearer the enmeshed end of the continuum.

It is important for parent trainers to be aware of issues of interpersonal distance and to choose an appropriate training approach for the particular parents involved.

Challenging rigidity. Increased flexibility is another potential outcome of parent training. Finding new ways of dealing with child-rearing problems increases a parent's repertoire and makes it possible for parents to pull out of cycles in which their reaction reinforces the behaviors they wish to change. In this author's experience, the parents who seem most desperate about their children are those who see only one appropriate way to react but who recognize that this way is not working.

Goodman, who worked with parents of severely disturbed children under court-ordered residential treatment, notes that these parents "tended to believe that there was only one way to manage children and that was to force them to obey. . . . There was a sense of disbelief on the part of many parents that force was not working with this child" (1975, pp. 39-40).

Closer to home is a mother who responded instantly to our announcement of a parent training program. She said that she was "at her wits' end" because the punishment which had always worked with her son (refusing to let him go to town after school) was no longer working. She had escalated the punishment from one day, to a week, and finally to a month. On refusing her son town-privileges for a month, she was appalled, and struck with the absurdity of the next potential escalation--

a year? the rest of his life? At this point she received the invitation to join a group which would discuss new approaches to discipline, and she jumped at the chance. This mother seemed eager for alternatives. She not only found new techniques but also a new framework for viewing her role as a mother. Part of this new view came from the course material itself. For example, looking at the child as an autonomous person rather than as an extension of herself made it possible for her to be more tolerant of some of his behaviors. Part came from group discussions, in the course of which she seemed to become more tolerant of herself, less in need of being a perfect parent, and more willing to try new ways of responding.

Minuchin considers flexibility crucial for well-functioning families. Most parent training programs, however, do not directly address the need for flexibility. In fact, rather than recommending flexibility, most programs seem to suggest one appropriate mode of parental behavior. In fact, learning this new mode of behavior, no matter how rigidly presented, will, for most parents, increase flexibility. It does so in two ways: (1) Using the new behavior will break the present cycles.--A mother recently said, "I feel so good! When I came into this course, I was in a rut so deep I couldn't see over the sides. Now even if I get into a new rut, it won't get that deep for a long time."--(2) Parents mastering the new way of responding advocated by a program are unlikely to totally relinquish their previous mode of responding. They will, instead, add the new behaviors to their old repertoire.--In the case of the mother above, it is less likely that she will get into a deep rut with the new behaviors, than that she will develop two or

more ruts, or more hopefully, several alternative paths which will not become ruts.

Challenging, or reframing, "reality." The concept, of "reframing reality," essentially means changing one's way of looking at something. Minuchin et al. (1978) say that "all therapeutic processes challenge reality as a prerequisite for change" (p. 86).

In parent training, as in therapy, reframing plays an important role. Parents often come into a group believing that they are the only ones who feel inadequate or the only ones who have children with problems. Merely discovering that they are not alone often helps to reframe their view of their family from pathological to normal and may lead to more supportive interaction.

An example of the power of reframing occurred in this author's first parent group. A very young step-mother who had joined the group in desperation was amazed and exhilarated to discover that the "real" mothers in her group also often felt inadequate, and also got angry at their children. The effect of this discovery was sufficiently powerful that she felt able to keep her step-child with her and her husband, rather than to send him to live with a relative as she had previously thought she should.

Although the term "reframing" is not used in parent training manuals, various techniques recommended for group leaders do serve to reframe perceptions. For instance in the STEP Leaders' Manual, among the "skills of leadership which help make a discussion productive" are three which are forms of reframing: (1) "Focusing on the positive behavior of children and parents," (2) "universalizing," and (3) "linking" (Dink-

meyer & McKay, 1976, p. 23).

Focusing on positive behavior is a way of shifting one's view of child or self from someone who never does anything right to someone who has many good attributes. Simply assigning a parent the task of recording the child's positive behaviors or of reporting incidents the parent handled well can bring about striking changes in perceptions.

Universalizing, defined as "the process whereby a leader helps group members become aware that their questions and concerns are shared by others", and linking, which is "the identification of common elements" in experiences (p. 23) help parents to see themselves and their situations as more within the normal range than they had earlier believed. Minuchin et al. were quoted previously as saying, "What sparks change is the experience of alternative transactions that seem more hopeful" (1978, p. 97). The leadership techniques suggested above can restructure perceptions hopefully.

Another technique which has qualities of reframing is observation. In all behavioral training groups, parents are asked to observe and record rates of occurence of problem behaviors. Not only does observing require that parents distance themselves from the child (reducing enmeshment) and change their usual behavior (introducing flexibility), but, in addition, it reframes the meaning of the behavior. For example, a parent who has come for help in controlling sibling fighting is told to record the frequency and duration of fights. In making this assignment, the trainer gives the message that this is not so severe or horrifying a behavior that it must be stopped immediately, and further, that, even without parental intervention, the children are unlikely to kill or

maim one another. Thus, the behavior is viewed in a new way. Concurrently, focusing on the rates of this behavior implies that these rates will soon be changed.

Brown (1976) has written an amusing summary of the impact of parent training, which is relevant to both flexibility and reframing. She says:

> Most parents say that using the techniques they learned in the course has improved their kid's behavior and their own as well, but the change that excites them most is that they no longer spend so much time vacillating between suicide and murder. They find themselves able to love, even enjoy, both their kids and themselves. The reason for this feeling is only partly that their new arsenal of techniques makes them feel less helpless. [flexibility] Mostly, I think, it reflects the exhilarating feeling that one is no longer alone--that all parents are in the same boat [reframing] whether they can row it right or not (p. 48).

Assessing Parent Training Programs

The preceding discussion illustrates how structural family concepts can be applied to parent training in general. The following eight questions can serve as a more detailed guide for assessing specific parent training programs.

Questions

1. In what ways does the program foster differentiation? In what ways enmeshment?

2. Is the maintenance of clear, but not rigid, boundaries encouraged?

3. Does the program encourage age-appropriate autonomy?

4. How does it address issues of the sibling subsystem?

5. Is participation in the program likely to strengthen, or to disrupt, the parental subsystem? The spouse subsystem?

6. Is it likely to encourage, or to discourage, the formation of cross-generational alliances?

7. How does it handle issues of hierarchy? Issues of parental power?

8. Does the program lead to increased family flexibility?

These questions can be used in two ways: (1) in assessing program materials, and (2) as a guide for group leaders. Many sets of parent training materials are available and new ones appear regularly. Each of these seems to have merit. It is helpful to have a coherent theoretical framework to use in judging the likely effects of these programs.

Whatever the specific training materials, the group leader's own beliefs and aims strongly influence what the parents learn. A leader modifies even the most structured program both consciously and unconsciously. Brim (1959) emphasizes that there is no such thing as value-free parent education. He urges parent educators to recognize their own values and make them explicit. Likewise, it is impossible to conduct an effective parent training program which will have no impact on family interaction. It is therefore useful for trainers to determine what they believe are the most functional patterns. Even though a trainer may not share Minuchin's view of the healthy family, s/he may find value in examining her/his own picture of the well-functioning family in the light of the above questions.

Living with Children (LWC) (Patterson & Gullion, 1968) and Parent

Effectiveness Training (P.E.T.) (Gordon, 1975) are the two programs used most frequently in the research discussed in Section 3. To illustrate assessing a parent program according to structural family therapy concepts, the above eight questions will be answered first for LWC and then for P.E.T.

Living with Children

Living with Children (LWC) by Patterson and Gullion (1968) is a text used to present principles of social learning theory to parents in the training groups conducted at the Oregon Research Institute. The procedures used in these groups are described by Patterson, Cobb and Ray (1973). The contents of the LWC book are outlined in Table 1 and the procedures of the parent training program in Table 2.

1. In what ways does LWC foster differentiation or enmeshment? The primary aim of Living with Children is to teach parents procedures for controlling the behavior of their children. (This aim has implications for Question 2 on boundaries, and Question 3 on autonomy, to be discussed later.) The initial steps in bringing a behavior under control are: (1) to define the behavior clearly and (2) to measure it. To define and count behaviors requires objectivity and distance. Thus, before actually beginning a behavior modification procedure, parents begin to increase their ability to see the child as a separately functioning individual. Thus Brown (1976) says:

> Sometimes a behavior like sibling fighting virtually disappears before the parent tries to correct it, probably because a parent who is counting the number of times Susan screams at David is too busy to reinforce the behavior by, say, joining the fight (p. 155).

Often the very removal of the parent from active participation in an unpleasant cycle of behaviors completely changes the cycle. Thus the process of behavioral observation can help enmeshed parents move towards differentiation.

Patterson and his colleagues are not, however, only dealing with enmeshed families. Some of the clients Patterson and his colleagues work with are what they call "diffusion parents"[1] which they equate to the "disengaged parent" discussed by Minuchin, Montalvo, Guerney, Rosman, and Schumer (1967). Rather than being overly involved or enmeshed, these parents are inattentive to their children's behaviors. They rarely reinforce the child when s/he does behave appropriately and tend to punish severely but inconsistently (Patterson, Cobb, & Ray, p. 146). In describing such families, Minuchin, Chamberlain, and Graubard say the "parents' responses to children's behavior are global and erratic and, therefore, deficient in conveying rules which can be internalized. The parental emphasis is on the control and inhibition of behavior rather than on guiding and developing responses" (1969, pp. 308-309).

In disengaged families the primary therapeutic move should be toward engagement. In what ways might LWC encourage such movement? As a beginning, observation, which may lead enmeshed parents toward differentiation, can lead disengaged parents to pay more attention to their children and to connect with them more appropriately.

---

[1]The use of the term "diffusion" poses a linguistic problem for readers of Patterson and Minuchin. While Patterson equates his "diffusion families" to Minuchin's "disengaged families", Minuchin describes his "enmeshed families" as having "diffuse boundaries."

Further, Living with Children "particularly emphasizes the fact that child behavior can be controlled" (Patterson et al., 1973, p. 171). Accepting this concept may encourage disengaged parents to become more involved.

A corrolary to the above concept is: "If behavior doesn't change, it [the program you have designed] is a bad program and you must change it. A lack of change in behavior is always the fault of the program, not the child" (Patterson & Gullion, p. 61). The effect of this belief would be different for a parent already feeling totally caught up in a child's problems than for one feeling less connected. A parent trainer should be conscious of where parents fit on the continuum of enmeshment to disengagement and be sensitive to the potential effects of specific interventions on interpersonal distance between parents and children.

2. Is the maintenance of clear, but not rigid, boundaries encouraged? One step in the LWC program which can be interpreted as working toward clear boundaries is the writing of the behavioral contract. In describing this process Patterson et al. (1973) describe the process as follows:

> Typically, the programs were written down in the form of a contract and actually signed by all the participants. . . . For example, the contract for noncompliance might have listed the specific behaviors that defined noncompliance and the specific behaviors that would produce a point and a social reinforcer. The child negotiated with the parents to determine what was to be purchased with his points.
>
> The general effect of these contracts was to teach both parent and child to be clear about which behaviors were desired and which were not, as well as to specify consequences for both prosocial and coercive behaviors. The child learned that his parents were not only tracking him, but also that they were reacting to him in a predictable fashion (p. 177).

Specifying desired behaviors, writing and signing a contract requires that the parties recognize, at least to some extent, that they are separate individuals. Thus this process can function to establish clear interpersonal boundaries. Giving the child a say in how s/he is to "spend" the points may be a step toward age-appropriate autonomy, which is addressed in Question 3.

3. Does LWC encourage age-appropriate autonomy? Although a child is allowed to negotiate about rewards, LWC suggests no role at all for the child in specifying the behaviors to be changed. Whatever the "misbehavior"--thumbsucking, temper tantrums, having a messy room, or performing badly in school--it is assumed that parents decide what is to be changed and how. There is no suggestion made for determining whether or not a given "misbehavior" is a problem for the child or only for the parent. Nor is there a recognition that one might treat older children differently from younger ones. For example, in the study by Johnson and Christensen (1975) which used the Patterson et al. procedures, the boys ranged in age from 4 to 12. There is no suggestion by Johnson and Christensen nor in the LWC text that a 12-year-old could help set his/her own goals for behavior change.[2]

As a sharp illustration, Frame 29 of the LWC text begins: "For example, suppose you decide to improve Debbie's spelling" (p 24). Note that it is "you" not Debbie who has decided this is a problem. In addition, remember that according to the behavioral principles mentioned

---

[2]In Christensen's present work, children are encouraged to take part in setting goals for behavior change (Christensen, A. personal communication).

in response to Question 1, if you do not succeed in improving Debbie's spelling, the fault lies totally with you and the program you designed, not with Debbie, nor with the pattern of interaction.

LWC does not provide support for age-appropriate autonomy.

4. How does LWC address issues of the sibling subsystem? LWC says little about the sibling subsystem. Patterson et al. note that in the families they observed there was "little difference in the rates of inappropriate behaviors for the identified problem children and for their siblings" (1973, p. 187). Nevertheless, throughout LWC, interventions are designed for "the problem child." In a case in which a child frequently hit his younger brother it was recommended that the child be "placed in time-out every time he hits" (p. 68).

There is only one mention of real interaction between siblings in the LWC book:

> Children tend to reinforce each other for loud, rough play. For this reason, the parents might also plan a program to prevent brothers and sisters from reinforcing each other's overactive noisy behavior.
>
> This can be done by using a time-out. When the other children are involved with the problem child in being overly active and noisy, they are all given a "time-out" in separate rooms (pp. 86-87).

Even in this example, one child is singled out as "the problem."

5. Is LWC likely to strengthen (or disrupt) the parental subsystem? The spouse system? Although Patterson et al. pay little attention to the sibling subsystem, they do emphasize the importance of the parental subsystem. They require that both parents participate in the LWC program, and that both complete each of its steps: "Such sharing of

responsibilities mitigated somewhat the paternal response of blaming the mother and letting her assume full responsibility for behavior change" (1973, p. 174).

Regular phone calls to parents are arranged so that both parents are contacted. Both are held responsible for implementing the program, and both parents, therefore, are reinforced for their parts in changing the child's behavior.

Introducing any change into a family can serve either to strengthen or to disrupt that system. For example in the LWC program a father with a distant, non-involved position in his family might react badly to the demand that he play a parenting role. Or a mother used to being totally in charge of the children might feel threatened by having to share responsibility. Nevertheless the LWC program seems designed to strengthen the parental subsystem.

The LWC program does not address issues of the spouse subsystem.

6. Is LWC likely to discourage (or encourage) the formation of cross-generational alliances? This parent program clearly would discourage the formation of cross-generational alliances. Having both parents agree on specific definitions of desirable and undesirable behaviors increases parental communication and agreement. Having parents monitor each other's interactions with the child and discuss their observational data in the parent group would decrease tendencies toward such alliances. (See Patterson et al., 1973, footnote, p. 174.)

7. How does LWC handle issues of hierarchy or parental power? LWC does not deal explicitly with the issue of hierarchy. Parental power is simply an accepted fact. Since parents are the ones with whom parent

trainers are working, they are, therefore, the ones who will determine what behaviors to modify and how. Further, since parents also control more of the reinforcers, they naturally have greater ability to determine what behaviors will be reinforced. While Patterson and Gullion make it clear that children also train their parents, the underlying assumption of the training program is that parents should be in control of the family environment. Their view is consonant with that expressed by Minuchin (1974, p. 58).

8. Does LWC lead to increased family flexibility? Some of the ways in which any parent program leads to increased flexibility were mentioned earlier. One specific source of increased flexibility from LWC is closely related to reframing. This book begins by emphasizing that behavior is learned and that "people, whether they realize it or not, are teaching each other all the time. They change each other" (p. 2). Deviant behavior is viewed as something learned, not as a sign of emotional disturbance. Recognizing that behavior is learned and can be changed opens up new possibilities. For many parents, simply accepting that it is "possible to change a child's behavior without conflict, anger, and frustration. . ." (p. ii) would add to flexibility.

LWC also teaches parents about the ways in which their behavior is being determined by their children. Such knowledge makes parents more able to choose alternative behaviors for themselves.

Summary. It appears that the LWC program could function both to move extremely enmeshed families toward differentiation and to move extremely disengaged families toward more appropriate engagement. It could also encourage the development of clear boundaries.

The LWC approach to setting the goals for behavior change does not encourage age-appropriate autonomy. From the perspective of structural theory this is a weak point of the program. It would be possible, however, to modify the LWC program to give the child a role in setting goals and writing behavioral contracts. Modifying this program to encourage age-appropriate autonomy is an example of one way a leader could apply his/her knowledge of family theory to improve parent training.

LWC also has limitations in its approach to the sibling subsystem. It offers no suggestions to strengthen this subsystem. More important, its labeling of a "problem child" is not only potentially disruptive to sibling relationships, but also is of doubtful merit from the family systems perspective. If "problem" behaviors are at least partially an expression of difficulties within the total system, as family therapists believe, a narrow focus on the individual may serve to stabilize rather than to remediate, difficulties. This focus on "the problem child" could be seen as a weakness of this program.

On the other hand, LWC is likely to strengthen the parental subsystem and to discourage the formation of cross-generational alliances. Further, Patterson et al. and Minuchin appear to have similar views on the use of parental power. Finally, LWC should help increase family flexibility both through teaching new child rearing techniques and by offering new ways of viewing behavior.

Parent Effectiveness Training

P.E.T. discusses some of the same child-behaviors mentioned in LWC

(e.g. fighting with siblings, crying, keeping a messy room), but its focus is more on the general parent-child relationship than on specific behavior change. Thomas Gordon (1975), who developed the P.E.T. program, has written at length on concepts which parallel those Minuchin uses in structural family theory. Although Gordon does not use family systems terminology, he can be seen as supporting some of Minuchin's criteria for well-functioning families (e.g. the need for autonomy with responsibility) but disagreeing with others (e.g. the need for a hierarchical structure in the family).

In order to examine P.E.T. in the light of structural family theory, the eight questions asked about LWC will now be applied to P.E.T.

1. In what ways does P.E.T. foster differentiation or enmeshment?

A central tenet of P.E.T. is that every family member should function as a separate person. Gordon sees the negation of this as a source of difficulty. He writes:

> Many parents fail to realize how frequently they communicate nonacceptance to their children simply by interfering, intruding, moving in, checking up, joining in. Too often adults do not let children just be. They invade the privacy of their rooms, or move into their own personal and private thoughts, refusing to permit them a separateness (p. 36).

He states elsewhere that:

> Many parents see their children as "extensions of themselves. . . . Evidence is accumulating that in healthy human relationships each person can permit the other to be "separate" from him. The more this attitude of separateness exists, the less the need to change the other, to be intolerant of his uniqueness and unaccepting of differences in his behaviors (p. 287).

The first and probably most crucial skill taught in a P.E.T. course is "active listening." Gordon calls this a "method of encouraging kids to accept responsibility for finding their own solutions to their own problems" (p. 7). Active listening is a basic skill in all reflective counseling. In order to be an effective active listener, Gordon says:

> You must be able to see your child as someone separate from you--a unique person no longer joined to you. . . . This "separateness" will enable you to "permit" the child to have his own feelings, his own way of perceiving things. Only by feeling "separateness" will you be able to be a helping agent for the child. You must be "with" him as he experiences his problems, but not joined to him (p. 60).

Not only is it important for the parent to see the child as a separate being, it is also important for parents to be aware of their own feelings and needs. The P.E.T. skill which both requires and develops this awareness is that of giving "I-messages." In an "I-message", a parent states his/her own feelings or reactions to a child's behavior and says how this behavior affects the parent. S/he does not blame the child nor tell the child what to do about the behavior.

A third P.E.T. skill is determining "problem ownership." Determining problem ownership helps the parent know when to use active listening (when the child owns the problem) and when to use I-messages (when the parent owns the problem).

Even raising the question, "whose problem is it?", is a step toward differentiation. In an enmeshed family, parents feel involved in all areas of their children's and each other's lives. Gordon writes:

> Children's frustrations, puzzlements, deprivations, concerns, and, yes, even their failures belong to them, not their

> parents. This concept is one that parents at first find hard to accept. Most mothers and fathers are inclined to make too many of their children's problems their own (p. 65).

In P.E.T. discussions, parents must determine whether a problem really belongs to them, to the child, or is a problem for the relationship between them. Such discussions may help parents move away from positions of extreme enmeshment.

2. Is the maintenance of clear, but not rigid, boundaries encouraged? Throughout the P.E.T. book there is emphasis on the importance of allowing for separation and, at the same time, of maintaining close relationships. The family therapy concept of clear, but permeable boundaries is echoed by the P.E.T. concept of problem ownership, and is reflected in the P.E.T. position that, in those situations in which children own the problem, parents should function as "consultants"--offering their ideas and then "leaving the responsibility with the client for buying or rejecting them" (p. 276).

A further statement by Gordon also reflects the concepts of clear but permeable boundaries.

> When parents use their influence to try to modify behavior that does not interfere with the parents' own lives, they loose their influence to modify behavior that does interfere . . . .
>
> When parents limit their attempts to modify children's behavior to what tangibly and concretely affects them, they generally find children quite open to change, willing to respect the needs of their parents, and agreeable to "problem-solve" (p. 269).

In the P.E.T. chapter on active listening, parents are reminded that there are times when a child will not want to talk; and that

"parents should respect the child's need for privacy in his world of feelings" (p. 92). Boundaries should be accepted and respected.

3. Does P.E.T. encourage age-appropriate autonomy with responsibility? To say that P.E.T. encourages age-appropriate autonomy and responsibility is speaking too mildly. It would be more accurate to say that P.E.T. champions the cause of autonomy and responsibility for children. The explicit purpose of active listening, the first skill taught in P.E.T., is to "help children find their own solutions to problems they encounter" (p. 6).

In P.E.T. it is recognized that at each age children have different needs and abilities. For example, P.E.T. not only offers concrete suggestions for dealing with teenagers ("Planning ahead with older children", pp. 144-146), but it also gives pointers on "how to listen to kids too young to talk much" (pp. 95-102).

Gordon says that the goal of parents should be to help even the very young child develop his/her own resources. He says: "The parent who will be most effective in this is the one who can consistently follow the principle of first giving the child a chance to solve his problems himself before jumping in with a parental solution" (p. 102).

4. How does P.E.T. deal with issues relating to the sibling subsystem? P.E.T. makes it clear that disagreements and fights between siblings fall in the category of "problems belonging to the child." Parents are advised to take a role that will facilitate having the children work out their own problems and to refrain from coming in as a judge or referee (pp. 256-257). Such a practice would serve to strengthen the sibling subsystem.

5. Is P.E.T. likely to strengthen or to disrupt the parental subsystem? The spouse subsystem? Issues of both the parental and the spouse subsystems are referred to in the P.E.T. book. For the parental subsystem, in keeping with the emphasis on individual autonomy, it is emphasized that parents "should not expect to have a 'united front' or to be on the same side of every conflict" (p. 257).

> Each must represent accurately his or her own feelings and needs. Each parent is a separate and unique participant in conflict-resolution and should think of problem-solving as a process involving three or more separate persons, not parents aligned against children (p. 258).

This advice virtually ignores the need for a parental subsystem. For parents to be "on the same side of every conflict" probably reflects rigidity in interaction patterns. Each parent should be able to state his or her own views and to tolerate differences of opinion. However, if parents always function as individuals and never as a unit, the functioning of the parental subsystem will be impaired.

What of the impact of these teachings on marital relations? Hopefully a strong spouse subsystem will allow husband and wife to function autonomously and will not be disrupted by honest statements of difference. However, in some relationships, the advice to "think of problem-solving as a process involving three or more separate persons, not parents aligned against children," is likely to be used as a rationale for the development of rigid triads in which one parent constantly sides with a child against the other parent, or in which parents compete for the child's approval.

In contrast to LWC, P.E.T. stresses the importance of the spouse

subsystem. Gordon indicates that it is crucial for a parent's primary relationship to be with the spouse. In speaking of effective parents, Gordon says:

> Their marriage relationship is primary. Their children have a significant place in their lives, but it is almost a secondary place--if not secondary, at least no more important than the place of the spouse (p. 290).

And later:

> I have come to see more clearly why parents who have an unsatisfactory relationship with their spouse find it so difficult to be accepting of their children: They are too needful of their children bringing them the joys and satisfactions that are missing in the marital relationship (p. 290).

Gordon believes that the marriage relationship is crucial.[3] Nevertheless, we may still ask whether participation in a P.E.T. course will necessarily strengthen that relationship. In the discussions of the previous four questions, one can see how the skills practiced while participating in P.E.T. both enhance and are enhanced by the attitudes Gordon espouses. It is not equally clear that being in a P.E.T. course will help parents make their marital relationship primary in their lives.

The communication skills taught by P.E.T. are useful in all rela-

---

[3]Gordon's attitude about the centrality of the marriage relationship is shared by Minuchin. In family therapy with a child as the identified patient, Minuchin usually moves to strengthen the marital relationship early in the course of treatment (1974, p. 153). Minuchin goes beyond Gordon and notes the existence of single parents. For these parents he also stresses the importance of relationships with other adults, and, in family therapy, moves to strengthen these ties (1974, p. 234).

tionships. This author has had several parents report that using these skills has improved their marital relationships even more than their relationships with their children. For example, one day a mother came into class with eyes glistening, saying that while she was practicing "active listening" with us the previous week she had realized how little she listened to her husband and how unpleasant she had been with him. She had decided to begin immediately using her new listening skills with him. Now, with a sense of incredulity, she reported that as he was leaving for work that morning her husband had said, "Gee, honey, you're a nice person to live with."

Another mother, however, has reported that as she changed her way of dealing with her children, strains developed between her and her husband. She said, "Every time I hear him criticizing the kids and putting them down I want to yell. When I suggest that he try talking to them a different way, he gets mad and says, 'You don't think I can do anything--not even talk right to a kid.'"

In the P.E.T. book it is strongly urged that parents enroll in the course together (p. 259). When asked, "Can one parent use this new approach effectively if the other sticks to the old approach?", Gordon responds:

> Yes and no. If only one parent starts to use this new approach, there will be a definite improvement in the relationship between that parent and the children. But the relationship between the other parent and the children may get worse (p. 6).

Unfortunately, parents frequently do enroll in classes without their spouse. Brown reports that between 80 and 90 percent of the

participants in most parent training groups are mothers (1976, p. 49). Having only one parent learning a new approach to child-rearing has potential for disrupting the spouse and parental subsystems.

6. Is P.E.T. likely to encourage or discourage the formation of cross-generational alliances? Nothing in the content of the P.E.T. program is likely to encourage the formation of cross-generational alliances. If, however, only the mother is involved in P.E.T., the possibility of such alliances becomes stronger. Children may find it easier to talk with the mother. Mother may feel critical of the father's way of relating to the child. Thus the ground may be prepared for mother and child to regularly ally against father.

7. How does P.E.T. address the issue of hierarchy or of parental power? Gordon writes at length about the use of parental power. His position is clear: The use of power in interpersonal relationships is unethical (p. 191). While Gordon does not define "power" he does differentiate power from influence. He writes: "Parental power does not really 'influence' children; it forces them to behave in prescribed ways. Power does not 'influence' in the sense of persuading, convincing, educating, or motivating a child to behave in a particular way. Rather, power compels or prevents behavior" (pp. 191-192).

In contrast, most social psychologists see power and influence as closely related. Jones and Gerard say, "A person's power in a relationship is his capacity to influence others in that relationship" (1967, p. 716). While Secord and Backman say, "social power is most often used to influence the behavior of other persons" (1974, p. 246).

In discussing the basis of power, Cartwright writes:

> By the basis of power we mean the relationship between O and P which is the source of that power. . . . Although there are undoubtedly many possible bases of power which may be distinguished, we shall here define five which seem especially common and important. These five bases of O's power are: (1) reward power, based on P's perception that O has the ability to mediate rewards for him; (2) coercive power, based on P's perception that O has the ability to mediate punishments for him; (3) legitimate power, based on the perception by P that O has a legitimate right to prescribe behavior for him; (4) referent power, based on P's identification with O; (5) expert power, based on the perception that O has some special knowledge or expertness (1959, pp. 155-156).

While parental power could encompass all five of these types of power, Gordon's use of the term includes only coercive power, and to a lesser extent, reward power. His comments can be best understood with this more limited definition in mind.

Minuchin, in contrast, uses the term 'power' more inclusively. Even after accounting for differences in definition, there is conflict between comments by Minuchin and those by Gordon on family hierarchy and on parental power.

While Minuchin believes that there should be a clear hierarchy in the family, Gordon believes that all members of a family should be treated as equals. Minuchin writes:

> Children and parents, and sometimes therapists frequently describe the ideal family as a democracy. But they mistakenly assume that a democratic society is leaderless, or that a family is a society of peers. Effective functioning requires that parents and children accept the fact that the differentiated use of authority is a necessary ingredient for the parental subsystem (1974, p. 58).

Minuchin et al. (1977, p. 101) state: "The growing child needs to know that there are external controls which will provide protection

and corrective feedback while she is learning."

In contrast, Gordon writes:

> A belief commonly held by laymen and professionals is that children actually want authority--they like parents to restrict their behavior by setting limits. When parents use their authority, so the argument goes, children feel more secure.
>
> . . .Children do want limits in their relationship with parents. They need to know how far they can go before their behavior will be unacceptable. Only then can they choose not to engage in such behaviors. . . . However, it is one thing for a child to want to know the "limits of his parents' acceptance" and an entirely different thing to say that he wants his parent to set those limits on his behavior (pp. 186-187).

In other words, Gordon believes children appreciate knowing what their parents would like them to do, but dislike being forced to do something.

While Gordon would support the child's needs for "corrective feedback," he would reject the concept of "controlling" another person's behavior.

Gordon's and Minuchin's very different attitudes toward power are evident throughout their work. In Minuchin's writings, there is no shying away from the use of power. Structural therapists play powerful roles, actively controlling the interactions in family therapy sessions. Power and the struggle for control are seen as key issues in case studies of somatic families (Minuchin et al., 1978).

Gordon, in contrast, objects to the use of power and to the idea of any person attempting to control another. In addition, Gordon notes problems inherent in the parental use of power. He points out that for power to work, "the child must be dependent upon the parent" (p. 170).

As a child becomes less dependent, parents discover that the rewards and punishments which were effective when the child was younger, no longer work. Thus, by the time a child reaches adolescence, s/he cannot easily be controlled by rewards and punishments. Gordon states:

> An adolescent does not rebel against his parents. He rebels against their power. If parents would rely less on power and more on nonpower methods to influence their children from infancy on, there would be little for the child to rebel against when he becomes an adolescent (p. 172).

Gordon states further:

> It is paradoxical but true that parents lose influence by using power and will have more influence on their children by giving up their power or refusing to use it (p. 192).

Perhaps a warning by Watzlawick is pertinent here. In a discussion on the paradoxes of power, he writes:

> Power, Lord Acton said, tends to corrupt, and absolute power corrupts absolutely. It is easy to see the evil effects of power; it is much harder to recognize the paradoxical consequences that come about when the existence of power is denied (1976, p. 22).

8. Does P.E.T. lead to increased family flexibility? Gordon addresses this issue of flexibility when he introduces what he calls the "no-lose" method of conflict resolution. He writes:

> The major dilemma of today's parents is that they perceive only two approaches to handling conflicts in the home. . .the "I win--you lose" approach and the "you win--I lose" approach.
>
> [In P.E.T.] there is an alternative to the two "win-lose" methods. . .the "no-lose" method (p. 11).

Teaching parents new methods for resolving conflicts contributes to flexibility. This method for problem solving is the heart of the P.E.T. program and involves "active listening", "I messages", and patient negotiation. All of these skills are practiced in P.E.T. sessions. In addition, specific suggestions are made for ways to change unacceptable behavior by changing the environment.

Having additional childrearing techniques available tends to increase parents' confidence and their potential for flexibility.

Summary. P.E.T. is, for the most part, compatible with structural family theory. Practicing P.E.T. skills should serve to reduce enmeshment and to encourage differentiation, the maintenance of clear boundaries, and age-appropriate autonomy with responsibility. The sibling subsystem is recognized in P.E.T. teachings, and parents are urged to leave problems between brothers and sisters to be dealt with in that subsystem.

In his writings, Gordon stresses the importance of the spouse subsystem. In practice, however, mothers frequently enroll in the P.E.T. course without their husbands. A parent trainer who believes that attendance by only one spouse may disrupt the spouse subsystem might urge participation of both partners or find other ways to involve the absent spouse. Such a trainer would be sensitive to the likelihood of cross-generational alliances developing when only one parent studies P.E.T., and should work to counteract this tendency. In addition it is possible for P.E.T.'s emphasis on individual autonomy to undermine the functioning of the parental subsystem.

The only major philosophical difference between Minuchin and Gordon

is in the area of family hierarchy and parental power. Gordon takes a strong position in favoring the equality of all family members and opposing any use of parental power. Minuchin accepts and encourages a hierarchical family structure and the thoughtful use of parental power.

The differences between Minuchin and Gordon in their view on parental power, while very real, may be more important theoretically than practically. Both Minuchin and Gordon reject permissiveness. Gordon writes:

> Permissive parents get into as much trouble as overly strict parents, for their kids often turn out to be selfish, unmanageable, uncooperative, and inconsiderate of the needs of their parents (p. 6).

While on the other hand, Minuchin points out that one should not confuse parental authority which he feels is essential for a well-functioning family, with authoritarianism which he rejects (1974, p. 101). Further he says:

> In supporting hierarchy, the therapist is seeking not to create an authoritarian "patter familias" structure but to reinforce a respect for idiosyncratic positions within the family (1974, p. 101).

Thus it appears that Minuchin and Gordon share the ideal of a well-ordered family in which each member is respected.

Finally, participation in P.E.T. should increase family flexibility through training parents in new methods of communicating and of resolving conflicts.

Conclusion. Thus we see how two parent training programs can be evaluated in terms of structural family therapy. It is hoped that the framework used here will prove useful to others who are interested in applying family systems concepts to parent training.

References

Ackerman, N. Interpersonal disturbance in the family: Some unsolved problems in psychotherapy. In G. D. Erickson & T. P. Hogan (Eds.), Family therapy: An introduction to theory and technique. Monterey, California: Brooks/Cole, 1972.

Andelin, S. The effects of concurrently teaching parents and their children with learning adjustment problems the principles of parent effectiveness training. Unpublished doctoral dissertation, Utah State University, 1975.

Aponte, H. & Hoffman, L. The open door: A structural approach to a family with an anorectic child. Family Process, 1973, 12, 1-44.

Aragona, J., Cassady, J., & Drabman, R. S. Treating overweight children through parental training and contingency contracting. Journal of Applied Behavior Analysis, 1975, 8, 269-278.

Axline, V. M. Play therapy. New York: Balantine Books, 1969.

Baker, L., Minuchin, S., & Rosman, B. The use of beta-adrenergic blocade in the treatment of psychosomatic aspects of juvenile diabetes mellitus. In A. G. Snart (Ed.), Advances in beta-adrenegic blocking therapy, vol. 5. Princeton: Excerpta Medica, 1974, V, 67-80. (Cited by Minuchin et al., 1978.)

Bank, S., & Kahn, M. D. Sisterhood-brotherhood is powerful: Sibling sub-systems and family therapy. Family Process, 1975, 14, 311-338.

Barrett-Lennard, G. T. Dimensions of therapist response as causal factors in therapeutic change. Psychological Monographs, 1962, 76, Whole No. 562.

Becker, W. C. The relationship of factors in parental ratings of self and each other to the behavior of kindergarten children as rated by mothers, fathers, and teachers. Journal of Consulting Psychology, 1960, 24, 507-527.

Bell, J. E. Family therapy. New York: Jason Aronson, 1975.

Bizer, L. S. Generality of treatment effects in single parent-child problem solving. Unpublished doctoral dissertation, University of Massachusetts, 1978.

Bowen, M. Family therapy after twenty years. In J. Dyrud & D. Freedman (Eds.), American handbook of psychiatry, vol. V. New York: Basic Books, 1975.

Bowen, M. Theory in the practice of psychotherapy. In P. J. Guerin, Jr. (Ed.), Family therapy: Theory and practice. New York: Gardner Press, 1976.

Bridgman, R. P. Ten years' progress in parent education. Annals of the American Academy of Political and Social Science, 1930, 151, 32-45.

Brim, O. G. Education for child rearing. New York: Russell Sage Foundation, 1959.

Brown, C. C. It changed my life. Psychology Today. Nov. 1976, pp. 47-57, 109-112.

Burgum, M. The father gets worse: A child guidance problem. American Journal of Orthopsychiatry, 1942, 12, 474-485.

Clarkson, P. J. Effects of parent training and group counseling on children's functioning in elementary school. Unpublished doctoral dissertation, University of Massachusetts, Amherst, 1978.

Coe, W. C., & Black, D. R. An evaluation of family operant therapy. Paper presented at the Annual Meeting of the Central California Psychological Association, Fresno, May, 1972.

Clarkson, P. J. Effects of parent training and group counseling on children's functioning in elementary school. Unpublished doctoral dissertation, University of Massachusetts, Amherst, 1978.

Cone, J. D., & Sloop, E. W. Parents as agents of change. In A. Jacobs & W. W. Spradlin (Eds.), Group as agent of change. Chicago: Aldine-Atherton, 1971.

Coopersmith, S. The antecedents of self-esteem. San Francisco: W. H. Freeman and Co., 1967.

Croake, J. W. & Glover, K. E. A history and evaluation of parent education. The Family Coordinator, 1977, 26, 151-158.

Dee, G. H. The effects of parent group counseling on children with school adjustment problems. Dissertation Abstracts International, 1970, 31, 1008-A.

DeLaurier, A. M. N. An investigation of the effects of Adlerian parent study groups upon children's reading achievement. Dissertation Abstracts International, 1975, 36, 4254.

Dinkmeyer, D. & McKay, G. D. Systematic training for effective parenting. Circle Pines, Minnesota: 1976.

Donofrio, A. F. Child psychotherapy--help or hindrance? Mental Hygiene, 1970, 54, 510-515.

Donofrio, A. F. Parent education vs. child psychotherapy. Psychology in the Schools, 1976, 13, 176-180.

Dreikurs, R. The challenge of parenthood. New York: Duell, Sloan & Pearce, 1948.

Dreikurs, R. & Stoltz, V. Children: The challenge. New York: Hawthorn Books, Inc., 1964.

Dubey, R. D. Training parents of hyperactive children: A comparative outcome study. Dissertation Abstracts International, 1976, 37, 5828-B.

Effectiveness Training Institute. Summary of research on ETI programs. Solana Beach, California: Effectiveness Training, January, 1978.

Erickson, G. D. & Hogan, T. P. Family therapy: An introduction to theory and technique. Monterey, California: Brooks/Cole, 1972.

Esterson, H., Feldman, C., Krigsman, N., & Warshaw, S. Time-limited group counseling with parents of pre-adolescent underachievers: A pilot project. Psychology in the Schools, 1975, 12, 79-84.

Eyberg, S. M. & Johnson, S. M. Effects of contingency contracting and order of treated problems. Journal of Consulting and Clinical Psychology, 1974, 42, 594-606.

Framo, J. L. The theory of the technique of family treatment of schizophrenia. Family Process, 1962, 1, 119-131.

Framo, J. L. Rationale and techniques of intensive family therapy. In I. Boszormenyi-Nagy & J. L. Framo (Eds.), Intensive family therapy: Theoretical and practical aspects. New York: Harper and Row, 1965.

Framo, J. L. Family of origin as a therapeutic resource for adults in marital and family therapy: You can and should go home again. Family Process, 1976, 15, 193-210.

Friedman, A. S., Boszormenyi-Nagy, J. E., Jungreis, J. E., Lincoln, G., Mitchell, H. E., Sonne, J. C., Speck, R. V., & Spivack, G. Psychotherapy for the whole family. New York: Springer, 1965.

Gabel, H. D. Effects of parent group education and group play psychotherapy on maternal child rearing attitudes. Dissertation Abstracts International, 1973, 33, 6077-B.

Garcia, J. Preventive programs in parent education: A study of P.E.T. M.S.W. research project, University of Southern California, 1971. (Available through ETI Research Library.)

Geffen, M. S. The value of a course in Parent Effectiveness Training for single parents. Dissertation Abstracts International, 1978, 38, 3877-B.

Ginott, H. G. Between parent and child. New York: Avon, 1969.

Goldstein, H. S. Psychosomatic families: A model in need of testing. Contemporary Psychology, 1979, 24, 523-525.

Goodman, E. O. Jr. Behavior modification as a therapeutic technique for use with parents of emotionally disturbed children in residential treatment. Child Psychiatry and Human Development, 1975, 6(1), 38-46.

Gordon, T. Parent Effectiveness Training: The tested new way to raise responsible children. New York: New American Library, 1975.

Group for the Advancement of Psychiatry, The field of family therapy. Report No. 78, 1970.

Guerin, P. J. Jr. Family therapy: The first twenty-five years. In P. J. Guerin, Jr. (Ed.), Family therapy: Theory and practice. New York: Gardner Press, 1976.

Guerney, B. G. Jr. Filial therapy: Description and rationale. Journal of Consulting Psychology, 1964, 28, 304-310.

Guerney, B. G. Jr. Psychotherapeutic agents: New roles for nonprofessionals, parents, and teachers. New York: Holt, Rinehart & Winston, Inc., 1969.

Gurman, A. S. & Kniskern, D. P. Research on marital and family therapy: Progress, perspective and prospect. In S. L. Garfield & A. E. Bergin (Eds.), Handbook of psychotherapy and behavior change: An empirical analysis (2nd ed.). New York: Wiley, in press.

Haley, J. Whither family therapy. Family Process, 1962, 1, 69-100.

Haley, J. Marriage therapy. Archives of General Psychiatry, 1963, 8, 213-224.

Haley, J. An editor's farewell. Family Process, 1969, 8, 149-158.

Haley, J. Problem-solving therapy. San Francisco: Jossey-Bass, 1976.

Hanley, D. F. Changes in parent attitudes related to a Parent Effectiveness Training and a Family Enrichment program. Unpublished doctoral dissertation, United States International University, 1973.

Haynes, S. Altering parental attitudes toward child-rearing practices using parent education groups. Research study, Boston University, 1972. (Available from ETI Research Library.)

Hereford, C. F. Changing parental attitudes through group discussion. Austin, Texas: University of Texas Press, 1963.

Hirsch, I., & Walder, L. Training mothers in groups as reinforcement therapists for their own children. Proceedings of the 77th Annual Convention of the American Psychological Association, 1969, 4, 561-562. (Summary)

Johnson, S. A. A comparison of mother versus child groups and traditional versus behavior modification procedures in the treatment of "disobedient" children. Dissertation Abstracts International, 1970, 31, 2989-B.

Johnson, S. M. & Christensen, A. Multiple criteria follow-up of behavior modification with families. Journal of Abnormal Child Psychology, 1975, 3, 135-154.

Johnson, C. A. & Katz, R. C. Using parents as change agents for their children: A review. Journal of Child Psychology and Psychiatry, 1973, 14, 181-200.

Jones, E. E. & Gerard, H. B. Foundations of social psychology. New York: Wiley, 1967.

Klock, E. M. The development and testing of a microtraining program to enhance empathic communication by parents of young children. Unpublished doctoral dissertation, University of Massachusetts, 1977.

Knight, N. A. The effects of changes in family interpersonal relationships on the behavior of enuretic children and their parents. Dissertation Abstracts International, 1975, 36, 783-A.

Knowles, L. Evaluation of P.E.T.: Does improved communication result in better understanding? Research study, Chico State College, California, undated. (Available from ETI Research Library.)

Lamb, J. & Lamb, W. A. Parent education and elementary counseling. New York: Human Sciences Press, 1978.

Langsley, D. G., Flomenhaft, K., & Machotka, P. Follow-up evaluation of family crisis therapy. American Journal of Orthopsychiatry, 1969, 39, 735-760.

Langsley, D. G., Pittman, F. S., Machotka, P., & Flomenhaft, K. Family crisis--results and implications. Family Process, 1968, 7, 145-158.

Larson, R. S. Can parent classes affect family communications? The School Counselor, 1972, 19, 261-270.

Levinson, D., & Huffman, P. Traditional family ideology and its relationship to personality. Journal of Personality, 1955, 23, 251-273.

Liebman, R., Minuchin, S., Baker, L., & Rosman, B. L. The role of the family in the treatment of chronic asthma. In P. J. Guerin, Jr. (Ed.), Family therapy: Theory and practice. New York: Gardner Press, 1976.

Lillibridge, M. The relationship of a P.E.T. program to change in parent's self-assessed attitudes and children's perceptions of parents. Unpublished doctoral dissertation, United States International University, 1971.

Lobitz, G. K. & Johnson, S. M. Normal versus deviant children: A multimethod comparison. Journal of Abnormal Child Psychology, 1975, 3, 353-374.

Malcolm, J. The one-way mirror. The New Yorker. May 15, 1978, 39-114.

Malouf, J. L. & Alexander, J. F. Family therapy research in applied community settings. Community Mental Health Journal, 1976, 12, 61-71.

Marvelle, J. D., Caffery, P., & Rovner, C. J. Impact parent program. Project SPOKE, 37 W. Main St., Norton, Ma., 1978.

McDowell, R. L. Managing behavior. Torrance, California: B. L. Winch & Associates, 1974.

McGowan, R. J. Group counseling with underachievers and their parents. School Counselor, 1968, 16, 30-35, 40.

Mee, C. B. Parent Effectiveness Training: Assessment of the developmental gains in parents' capacity to counsel their children. Dissertation Abstracts International, 1977, 38, 115-A.

Miles, J. M. A comparative analysis of the effectiveness of verbal reinforcement group counseling and Parent Effectiveness Training on certain behavioral aspects of potential dropouts. Dissertation Abstracts International, 1974, 35, 7655-A.

Minuchin, S. Families and family therapy. Cambridge, Massachusetts: Harvard University Press, 1974.

Minuchin, S., Chamberlain, P., & Graubard, P. A project to teach learning skills to disturbed, delinquent children. In B. G. Guerney, Jr. (Ed.), Psychotherapeutic agents: New roles for non-professionals, parents, and teachers. New York: Holt, Rinehart & Winston, Inc., 1969.

Minuchin, S., Montalvo, B., Guerney, B., Rosman, B., & Schumer, F. Families of the slums. New York: Basic Books, 1967.

Minuchin, S., Rosman, B. L., & Baker, L. Psychosomatic families: Anorexia nervosa in context. Cambridge, Massachusetts: Harvard University Press, 1978.

O'Dell, F. L. Teaching the nurturant response. The Guidance Clinic, Dec., 1977, 14-16.

Olson, D. H. Marital and family therapy: Integrative review and critique. Journal of Marriage and the Family, 1970, 32, 501-538.

Palazzoli, M. S., Bascolo, L., Cecchin, G. F., & Prata, G. The treatment of children through brief therapy of their parents. Family Process, 1974, 13, 429-442.

Papp, P. Family therapy: Full length case studies. New York: Gardner Press, 1977.

Patterson, G. R., Cobb, J. A., & Ray, R. S. A social engineering technology for retraining families of aggressive boys. In H. Adams & L. Unikel (Eds.), Issues and trends in behavior therapy. Springfield, Illinois: C. C. Thomas, 1973.

Patterson, G. R. & Gullion, M. E. Living with children: New methods for parents and teachers. Champaign, Illinois: Research Press, 1968.

Patterson, G. R., Ray, R. S., & Shaw, D. Direct intervention in families of deviant children. Oregon Research Institute Research Bulletin, 1968, 8(9).

Patterson, G. R. & Reid, J. B. Intervention for families of aggressive boys: A replication study. Behaviour Research and Therapy, 1973, 11, 383-394.

Perkins, J. A. Group counseling with bright underachievers and their mothers. Dissertation Abstracts International, 1970, 30, 2809-A.

Perkins, J. A. & Wicas, E. Group counseling with bright underachievers and their mothers. Journal of Counseling Psychology, 1971, 18, 273-278.

Peterson, B. Parent Effectiveness Training and change in parental attitudes. Research study, University of Santa Clara, California, undated. (Available through ETI Research Library.)

Reisinger, J. J., Ora, J. P., & Frangia, G. W. Parents as change agents for their children: A review. Journal of Community Psychology, 1976, 4, 103-123.

Rie, H. E. Perspectives in child psychopathology. Chicago: Aldine-Atherton, 1971.

Rogers, C. R. Client-centered therapy. Boston: Houghton-Mifflin, 1951.

Ro-Trock, G. K. Family therapy versus individual therapy in a public mental health facility. Dissertation Abstracts International, 1976, 36, 5523-B.

Satir, V. Conjoint family therapy. Palo Alto, California: Science and Behavior Books, 1964.

Schaefer, E. S. Children's report of parental behavior: An inventory. Child Development, 1965, 36(2), 413-424.

Schaefer, J. W., Palkes, H. S., & Stewart, M. A. Group counseling for parents of hyperactive children. Child Psychiatry and Human Development, 1974, 5(2), 89-94.

Schmitz, K. P. A study of the relationship of Parent Effectiveness Training to changes in parents' self-assessed attitudes and behavior in a rural population. Unpublished doctoral dissertation, University of South Dakota, 1975.

Schofield, R. G. A comparison of two parent education programs: Parent Effectiveness Training and behavior modification and their effects on the child's self-esteem. Dissertation Abstracts International, 1976, 37, 2087-A.

Secord, P. F. & Backman, C. W. Social psychology, 2nd ed. New York: McGraw Hill, 1974.

Shapiro, I. S. Changing child rearing attitudes through group discussion. Unpublished doctoral dissertation, Columbia University, 1954. (Microfilms Publication No. 10, 801.)

Shapiro, I. S. Is group parent education worthwhile? A research report. Marriage and Family Living, 1956, 18, 154-161.

Sigal, J. J., Barrs, C. B., & Doubilet, A. L. Problems in measuring the success of family therapy in a common clinical setting: Impasse and solutions. Family Process, 1976, 15, 225-233.

Stearn, M. B. The relationship of P.E.T. to parent attitudes, parent behavior and child self-esteem. Unpublished doctoral dissertation, United States International University, 1971.

Stover, L. & Guerney, B. The efficacy of training procedures for mothers in filial therapy. Psychotherapy: Theory, Research and Practice, 1967, 4(3), 110-115.

Sunley, R. Early nineteenth-century American literature on child rearing. In M. Mead & M. Wolfenstein (Eds.), Childhood in contemporary cultures. Chicago: University of Chicago Press, 1955.

Tavormina, J. B. Basic models of parent counseling: A critical review. Psychological Bulletin, 1974, 81, 827-835.

Taylor, W. F. & Hoedt, K. C. Classroom-related behavior problems: Counsel parents, teachers, or children? Journal of Counseling Psychology, 1974, 21, 3-8.

Ulman, L. T. A study of maternal group counseling in the elementary schools. Dissertation Abstracts International, 1974, 35, 1452-1453-A.

Wagonseller, B. R., Burnett, M., Salzberg, B., & Burnett, J. The art of parenting. Champaign, Illinois: Research Press, 1977.

Walder, L. O., Cohen, S. I., Breiter, D., Daston, P., Hirsch, I., & Leibowitz, J. Teaching behavioral principles to parents of disturbed children In B. G. Guerney, Jr. (Ed.), Psychotherapeutic agents: New roles for non-professionals, parents, and teachers. New York: Holt, Rinehart & Winston, 1969.

Walter, H. I. & Gilmore, S. K. Placebo versus social learning effects in parent training procedures designed to alter the behavior of aggressive boys. Behavior Therapy, 1973, 4, 361-377.

Watzlawick, P. How real is real? New York: Vintage Books, 1976.

Watzlawick, P., Weakland, J., & Fisch, R. Change: Principles of problem formation and problem resolution. New York: Norton, 1974.

Weakland, J. H. Family therapy as a research arena. Family Process, 1962, 1, 63-68.

Weakland, J. H. OK--You've been a bad mother. In P. Papp (Ed.), Family therapy: Full length case studies. New York: Gardner Press, 1977.

Wellisch, D. K. A family therapy outcome study in an inpatient setting. Dissertation Abstracts International, 1976, 36, 3634-3635.

Wellish, D., Vincent, J., & Ro-Trock, G. Family therapy versus individual therapy: A study of adolescents and their parents. In D. H. Olson (Ed.), Treating relationships. Lake Mills, Iowa: Graphic, 1976.

Wells, R., Dilkes, T., & Trivelli, N. The results of family therapy: A critical review of the literature. Family Process, 1972, 7, 189-207.

White House Conference on Child Health and Protection, Section III: Education and Training, Committee on the Family and Parent Education, Parent education: Types, content and method. New York: Century, 1932.

Williams, B. F. & Sanders, B. A comparative study of the relative effectiveness of P.E.T. and a program of behavior modification. Research study, Alamance County, North Carolina, 1973. (Available through ETI Research Library.)

Wiltz, N. A. Modification of behaviors of deviant boys through parent participation in a group technique. Dissertation Abstracts International, 1970, 30, 4786-4787-A.

Zuckerman, L., Zuckerman, V., Costa, R., & Yra, M. T. A parents' guide to children: The challenge. New York: Hawthorn Books, Inc., 1978.